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Oral Hygiene

AUGUST

1943



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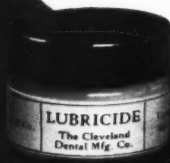
Priceless FORCEPS
NEED PROTECTING
TOO!



Especially from rust—enemy
No. 1 of steel—forceps need
protection during sterilization.

Impurities in the water used for sterilizing are a frequent cause of damage to forceps. They may be neutralized by the addition of borax or sodium nitrite. Forceps should be placed in the sterilizer after the water is boiling, removed and dried while still hot.

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THE *Cleveland* DENTAL
MANUFACTURING COMPANY
CLEVELAND, OHIO • U. S. A.

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MAGAZINE

Oral Hygiene

**... geared to
the wartime
world of the
dentist**

Oral Hygiene

JANUARY 1943

VOL. 33, NO. 1

Picture of the Month
Circus-Town Dentistry

Unusual experiences of a dentist who draws some of his patients from the personnel of a circus in winter quarters in Florida.
Joe C. Landess, D.D.S. 28

Dental Officer Survives Sinking of U.S.S. Yorktown
Lieutenant D. D. Jackson, D. C., tells in Chicago of his experiences in the Coral Sea and Midway battles (see cover).

How to Kill a Dental Practice
A dentist's wife tells how she has adjusted herself to Army patients from the personnel of a circus in winter quarters in Florida.
Lola Clevenger 32

My Husband is an Army Dentist
A dentist's wife tells how she has adjusted herself to Army patients from the personnel of a circus in winter quarters in Florida.
Samuel Hacker, C. P. A. 34

Your Patients Can Deduct Dental Expenses from 1942 Income Tax
New York accountants explain how recent changes in the Revenue Act affect dentists and their patients.
William Magnolia, D.D.S. 36

War Workers Need Dental Care
An Illinois dentist explains how a diagnostic service was set up and how functions efficiently to aid industrial workers.
Lola Clevenger 38

Take Care of What You Have
A little special attention given to your dental equipment will preserve and prolong its life.
Lola Clevenger 40

EDITOR
Edward J. Ryan
D.D.S.

EDITORIAL OFFICE: 108 Church Street, Evanston, Ill.
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Departments:
42 Ask Oral Hygiene
44 What is Your Diagnosis?
46 Laffodonta
48 The Publisher's Corner
EDITOR
Rea Proctor McGee
D.D.S., M.B.

ASSISTANT EDITOR
Marcella Hurley
D.D.S.

Oral Hygiene

VOL. 33, NO. 2

FEBRUARY 1943

Picture of the Month

Advice to the Yankee Soldier William Stanley Carrick, D.D.S. 164
Out of his fourteen years in the jungles this dentist-explorer offers advice to dentists in service on protecting their health in the tropics.

How I Overcame Discouragement in the Practice of Dentistry Theodore H. Terry, D.D.S. 170
A dentist who saw his practice slipping tells how he discovered his errors and increased his clientele before it was too late.

You May Be Away For a Long Time Before you enter the Service, arrange for the competent administration of all financial matters, including insurance. 174

Praise the Lord and Help Your Alma Mater Philip Parker, D.D.S. 182
For every dentist who wishes to aid his dental college, the author has an interesting suggestion that can easily be followed.

A Dental Officer Writes From the South Pacific These letters from a dental officer, Lieutenant John E. Casan, give interesting sidelights on life in the Samoa and Fiji Islands. 186

How to Kill a Dental Practice 192

Departments:
178 Ask Oral Hygiene
180 What is Your Diagnosis?
182 Laffodonta
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EDITORIAL OFFICE: 108 Church Street, Evanston, Ill. PUBLICATION OFFICE: 108 Church Street, Evanston, Ill. OFFICE: 108 Church Street, Evanston, Ill.

Now dentists want to know . . . and must know . . . a great deal more than how to care for teeth . . . They're part of the wartime world . . . That is why they read Oral Hygiene more intently than ever . . . In addition to its nine regular departments, Oral Hygiene carries an average of six articles and stories each month, giving dentists the vital military, civilian . . . and business . . . information they need, and the dental war news they want NOW.

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Oral Hygiene

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dentist buys twelve
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in ORAL HYGIENE**

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foundati

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denture with



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The ridge is as important to a successful denture as the foundation is to a building!

Protect the ridge, while the patient is wearing a treatment denture, by cushioning the denture with a soothing, comfortable, long-lasting material . . . KONFORMAX REBASE.

Konformax Rebase flows smoothly and adapts itself to all contours and crevices of soft tissue without changing the vertical dimension. Additional Konformax Rebase may be added to the denture at any time to take care of changes due to normal absorption of tissue.

Hard-drying and heavy rebase linings will cause excessive absorption of the alveolar process. This is avoided by the use of Konformax Rebase.

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1720 Avenue Y, Brooklyn, N. Y., U. S. A.

The Publisher's Corner

By Mass

Number 266

THE "ILLUSTRATED" CORNERS, started month before last, will have to be interrupted for a month, because this one is a bit on the serious side.

When the April CORNER appeared, passing along some Negro stories, Doctor Samuel D. Moskowitz of Brooklyn wrote to protest that their publication was a blow at national unity. Doctor V. A. M. MacKinnon, a dentist of Roxbury, Massachusetts, wrote a similar letter, as did a Negro dentist here in Pittsburgh who did not sign his name. I wrote at length to both Doctor MacKinnon and Doctor Moskowitz, and thought I'd let it go at that. But now there's another letter, from Doctor Louis Lerman of Philadelphia, so I concluded that I would print something about this correspondence—in fact, print the substance of my replies as this month's CORNER:

The trouble with humor, or so-called humor, is that what is funny to me may not be funny to you or to someone else; and what is funny to you or to someone else, may not strike me the same way. Yet, nowadays, more than ever, the world needs humor.

If the stories in the April CORNER offended anyone, I am sorry. They were not intended to offend.

The CORNER is not like that, as anyone knows if he has read it with any regularity.

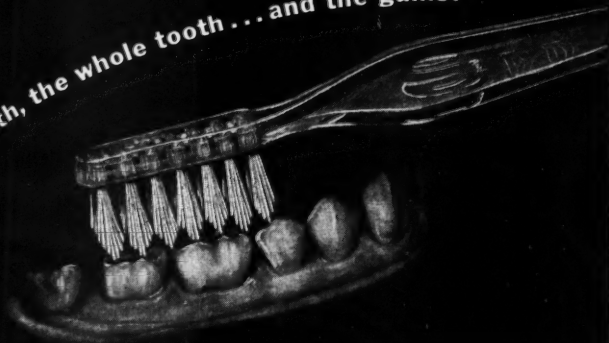
Far from being unfriendly to members of the Negro race, ORAL HYGIENE has been one dental magazine that has drawn no color line. When we had the opportunity to do so, we reported some time ago the activities of their organization, the National Dental Association. And Negro dentists have been listed for ORAL HYGIENE whenever their names could be obtained.

The Dave Lane who sent in two of the stories is a real friend of the colored people. Through his generosity, colored people in his town were able to build their own church, which I attended with him one Sunday evening a few years ago when I was down South. Later, I wrote a good-natured, realistic account of the incident for the CORNER, and it so pleased the pastor that he read it to the congregation.

Possessed of the precious gift of humor, colored people provide a great part of our country's best humor. Almost every magazine prints it, and I think it contributes to a sympathetic understanding of the Negro race. They seem to find

(Continued on page 1054)

"The tooth, the whole tooth... and the gums!"



Brushing OCCLUSAL SURFACES with the D. D. TOOTH BRUSH

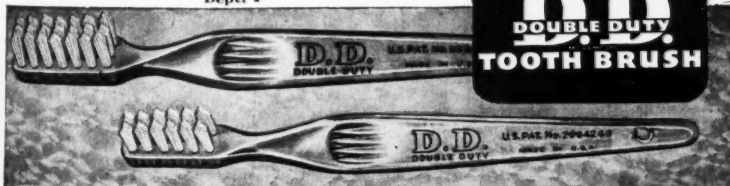
THE correct brushhead of the D. D. Tooth Brush gets at the grooves, fissures and pits of the occlusal surfaces of the posterior teeth. Impacted food particles and other debris are effectively removed.

The D. D. Tooth Brush, with its scientific, twisted handle, permits easier control of the stroking procedure for more efficient

brushing of all exposed tooth surfaces. The brushhead of the D. D. Tooth Brush is small, the bristles resilient, its tufts well spaced for greater inter-dental penetration.

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FLECK'S CEMENT may be mixed to "thicker" consistency than any other cement, without loss of plasticity . . . without increasing its microscopic filmthickness a single micron. • The thicker mix increases density strength and the ability of the cement to resist penetration, disintegration and solubility. • Therefore, because plasticity is maintained in the strengthened thick mix, you can seat the most finely adapted work, accurately . . . and with greatest safety using **FLECK'S CEMENT**

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700 N. Second St. • St. Louis, Mo.

(Continued from page 1050)

no more reason to resent it than I should resent humor based upon the humorous aspects of the white race. After all, the lion's share of the humor that is printed is at the expense of the white race.

I think that a *real* danger to national unity would be created if members of any race were to adopt the attitude that anything humorous about them—the type of humor that has prevailed for a century or more—were now to be considered, after all these long years, as unfriendly.

The Nazis and the Fascists could not exist as such if they were possessed of a sense of humor. A prime factor of their despicable philosophy is their taking themselves so seriously. In my opinion at least, a fundamental of mental hygiene is the habit of not taking oneself seriously—in realizing that we are all of us, regardless of race or color, rather ludicrous.

The greatest Negro who ever lived was Booker T. Washington. He was one of the few really great men of our time, regardless of race or color. His autobiography, "Up From Slavery," originally published about forty years ago, is in my opinion a classic. Few books have moved me so deeply. More than once, in "Up From Slavery," he himself told Negro dialect stories, poked fun at his own race, just as for more than twenty years I have poked fun at the white race—including myself—here in the CORNER.



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...There is not a similar product on the market that will equal Perma-Grip—I know, I have tried them all...

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You can measure the quality of Perma-Grip by the enthusiasm of its users. This pure, snowy denture powder doesn't "ball up," has no unpleasant odor or taste, holds dentures secure for hours. Your patients . . . and we, of course, too! . . . would appreciate your introducing them to it. Made by the makers of Masso and Prophy-lac-tic Tooth Brushes. At all drug counters—35¢.

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Free-end saddle cases are necessarily both tooth and tissue-bearing. When designed by the Ney Surveyor System, anterior support comes from the occlusal rests and truss arms of the Back-Action Clasps. Furthermore the stress-breaking action of this particular type of clasp permits normal tissue support of the saddles without transmitting excessive strain to the abutment teeth.



Retention

The case is retained in its seat by the resilient distal, buccal and mesial portions of the Back-Action Clasps. A unique feature of this design is that it takes advantage of the distal undercut to hold the saddle against the ridge. A continuous lingual clasp may be added when additional bracing or support is desired but it is not necessary for retention.

• This design by Ney on both abutment points of denture provided if

mesiolingual portions of the denture against the

NEY-O

NTURE

• This familiar lower lingual bar free-end saddle case is designed by the Ney Surveyor System with Back-Action Clasps on both abutments. The arrows on each illustration indicate the points of definite Support, Retention and Bracing which must be provided if the partial is to function satisfactorily.



In designing on the Surveyor, a posterior tilt was given to the model so as to obtain retentive undercuts on the distal of the abutments. A distal undercut is essential if the free-end saddle is to be stabilized and held firmly against the ridge.

Cast in NEY-ORO G-3, and after finishing and polishing, this case weighed only $3\frac{3}{4}$ dwt. (\$7.50 worth of metal). Made of PALINEY #4 (white gold) it weighs exactly 3 dwt. (\$3.75 worth of metal). Such practical "lightweight" construction is a direct result of the proper use and application of the Ney Surveyor and the Ney Waxing Die.

THE J. M. NEY COMPANY
HARTFORD, CONN.

Bracing

the mesiolingual truss arms and the rigid lin-
of the Back-Action Clasps provide
if this clasps against lateral movement.

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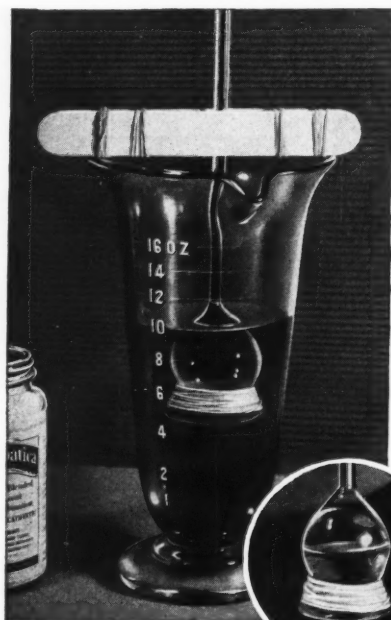
NEY-ORO G-3

Unit price \$2.00 per dwt.

PALINEY #4

Unit price \$1.25 per dwt.

THE CAMERA RECORDS HOW SAL HEPATICA CREATES LIQUID BULK



FOR LONG years Sal Hepatica has served the medical profession as a gentle and dependable laxative. New laboratory work confirms how Sal Hepatica creates the *liquid bulk* which so promptly and effectively and thoroughly cleanses waste from the intestinal tract.

A laxative solution of Sal Hepatica was placed in a thistle tube sealed tight with a semi-permeable membrane and suspended in Ringer's solution. The Sal Hepatica solution increased in volume by about 34% within two hours, and about 100% in 6-12 hours.

Sal Hepatica makes an excellent laxative during the treatment of Periodontoclasia, Pulp Infection, Vincent's Angina, Chronic Abscesses, Retained Root Fragment and Sinus Involvement . . . Send for literature on pleasant, effervescent Sal Hepatica.

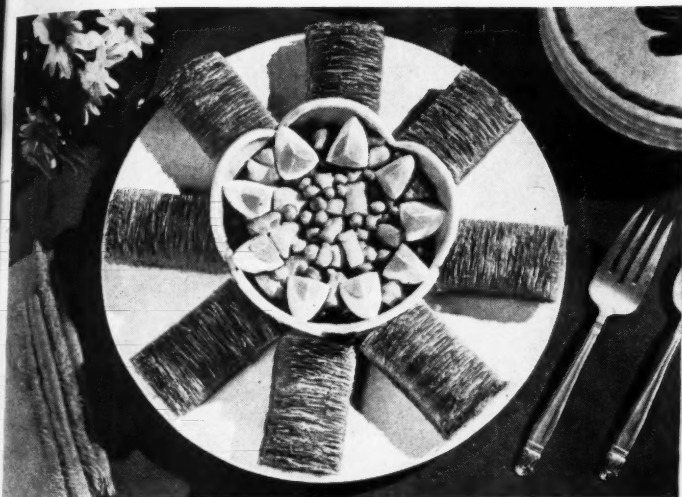
← Typical dialysis effected by solution of Sal Hepatica. At end of 4-6 hours the meniscus mounted almost to top of thistle tube from low level (see inset).

SAL HEPATICA

SUPPLIES **LIQUID BULK** TO FLUSH
THE INTESTINAL TRACT

Bristol-Myers Company, 19L West 50th St., New York, N.Y.





Nutritional Values of Whole Wheat more important as use of cereals is increased!

Cereals are said to account for about 25% of the American diet. Now, with a serious meat shortage, food authorities recommend that cereal use be increased to 40%.

Since whole wheat provides protein as well as appreciable amounts of iron, phosphorus and Vitamin B₁—food values also found in meat—it should be given a prominent place in the increased cereal diet.

Such a diet need not lack variety or interest. The combination of Nabisco Shredded Wheat and Creamed Vegetables illustrated above, for instance, provides a tasty and well balanced dish. Nabisco

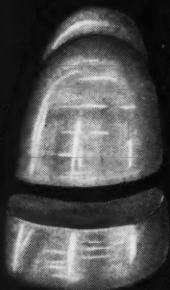
Shredded Wheat is also a valuable meat stretcher. Its slender, toasted strands combine readily, and the distinctive nut-like flavor lends appetite appeal.

When recommending Nabisco Shredded Wheat, be sure to insist on the original *Niagara Falls* product.



BAKED BY NABISCO
NATIONAL BISCUIT COMPANY

Labial contour



Mesio-distal contours are:

- a. Dominantly flat
- b. Dominantly curved.

Either of these may be smooth or broken by supplementary curves.



in any set-up of artificial teeth, the shape or outline of the teeth can be controlled merely by manipulation of the base material.

Outline tooth selection...

The outline of a tooth changes constantly throughout life as wear occurs through abrasion and attrition, whereas labial contours and markings remain *unchanged!*

As you know, in any set-up of artificial teeth, the shape or outline of the teeth can be controlled merely by manipulation of the base material. In expert tooth selection therefore, *dominant labial characteristics* are used as a guide!

The mesio-distal contour is the most obvious tooth curvature. From it emanate the highlights which reflect the true personality and alive quality of the tooth.

That's why Five-Phase Anteriors are available with dominantly flat or dominantly curved labial contours in each mold size. Each mold is so marked by symbols "C" (dominantly curved) or symbol "F" (dominantly flat).

FIVE-PHASE A N T E R I O R S

...are the only artificial teeth that faithfully reproduce the natural tooth forms, varied labial surface markings, colors and texture. They are carved to the *true anatomy* of human teeth, not to a *conception* of what teeth should appear to be. This esthetic advance is at once obvious when the case is tried in the mouth.



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Stability—
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FREEDOM from over- or under-extension, or displacement of tissue in taking impressions, a prime cause of unstable dentures.

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Oral Hygiene

VOL. 33, NO. 8

AUGUST 1943

Picture of the Month.....	1075
Would You Like To Take a State-Board Every Five Years? <i>Jacob L. Chivian, D.D.S.</i>	1076
A Dentist Enters the Service	
..... <i>Lieutenant David C. Easley, Jr. (DC)</i>	1080
We Need Dental Hygienists.....	
..... <i>L. M. Smith, M.D.</i>	1083
Your Fingerprints Will Protect You.....	
..... <i>Herman A. Moran</i>	1087
How To Kill a Dental Practice.....	1089
The Pay-As-You-Go Tax Bill.....	
..... <i>Samuel Hacker, C.P.A.</i>	1095

DEPARTMENTS:

Military News.....	1090	Editorial Comment.....	1100
Dentists in the News.....	1091	Ask Oral Hygiene.....	1102
Dear Oral Hygiene.....	1093	Laffodontia.....	1112
Technique of the Month.....	1098	The Publisher's Corner.....	1050

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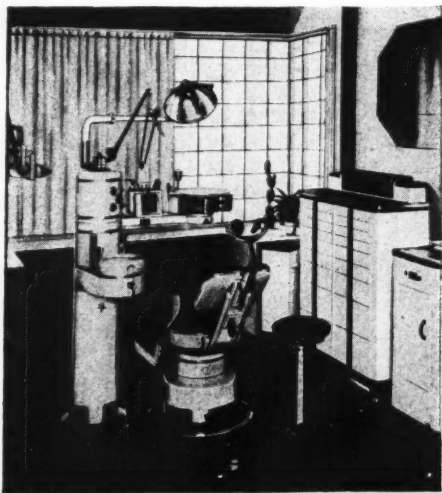


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AFTER VICTORY

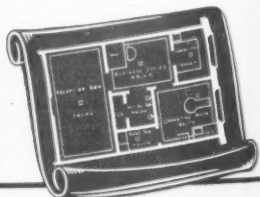
After victory, will your office reflect the progress of a peace-time America? Will it be in stride with the large scale modernization planned for the post war era, or will it date you a product of the "good old days"?

Now is the time to prepare for a public that is already being educated to expect better things after the war. Any distributor of S. S. White equipment will welcome the opportunity to prepare a plan of your office of today and let you determine whether or not you are "missing something" when you see it in comparison with the office that should be yours tomorrow. Contact him or write us direct. This service is free and without obligation of any nature.



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as you build Today"*

a booklet of designs for better dental offices will be mailed free upon request.



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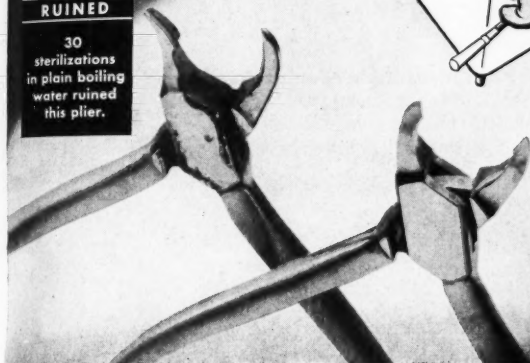
211 S. 12th Street

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KEEPS THE *Saboteurs* RUST and CORROSION OUT OF STERILIZERS

RUINED

30 sterilizations in plain boiling water ruined this plier.



PROTECTED

by S. S. White Sterilizer Tablets-30 sterilizations in boiling water left this plier in new condition.

Two S. S. White Sterilizer Tablets for each quart of water in your sterilizer will protect your steel instruments against rust and corrosion, also help lengthen the life and maintain the efficiency of your sterilizer by preventing the formation of hard scale.

Conserving your steel instrument is not only a sound economic policy, every day you prolong their usefulness is a definite aid to the war effort—more steel, more man and machine hours can be devoted to producing more material for our armed forces.

Ask Your Dealer today for

S. S. WHITE STERILIZER TABLETS



100

\$0.75

500

3.25

Caution: Not for use in aluminum sterilizers or for boiling articles made of aluminum.

Try this proven PSYCHOLOGICAL Technique...

TO MAKE OFFICE TIME MORE PRODUCTIVE

In these days of full appointment-books, when you take valuable time to teach tooth brushing, you must make that time productive, resultful. It is time wasted if your patient forgets your instructions. You can help make these minutes at the chair far more valuable for you and your patient if you take a tip from the psychologist.

Provide an OBJECT to Assist MEMORY

To assist memory, recommend Pycopé Tooth Powder and a Pycopé Tooth Brush to the patient, in place of her usual brand. The mere sight of these different and unusual aids to mouth hygiene, serves to recall you and your instructions, helps to break down improper habit-patterns.

The Pycopé user always knows who her dentist is—and what he did for her!

PYCOPE

Pronounced PY-KO-PAY

The Pycopé brush is designed on professional lines: 2 rows, 6 tufts, small head, firmly bristled.



Pycopé Tooth Powder bears the Seal of Acceptance of the Council on Dental Therapeutics of the American Dental Association.

TOOTH BRUSHES AND TOOTH POWDER

HOW MEMORY WORKS

Recollection is determined by depth of impression and strength of association. To be remembered or recalled, the past experience must be suggested by the present.

From:

Encyclopedia Britannica



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THE SIGNIFICANCE OF YOUR SERVICE

Without teeth, there cannot be chewing.
Without chewing, there cannot be digestion.
Without digestion, there cannot be nourishment.
Without nourishment, there cannot be health.
Without health, what is life?

YOU may not look like a soldier as you serve beside your chair. You are not in military uniform. No one shouts orders at you.

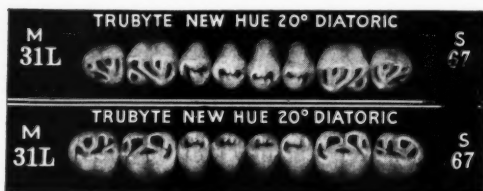
Yet, it would be difficult to exaggerate your importance to the boys in the front lines.

Each of our boys "over there" needs ten civilians at home working with might and main to provide arms, ammunition, clothes, food, transportation and the like. These civilians are the soldiers of production. All-out war requires that they keep going full time, full speed.

For full time and full speed, nourishing food well masticated is absolutely necessary. Half masticated food means half developed energy. After a while, that means half-rate production.

You must "keep 'em chewing to keep 'em fit," no matter what their years. You can do this by replacing missing or inefficient teeth with

TRUBYTE NEW HUE 20° POSTERIOURS



EASY TO WEAR • EASY TO ARTICULATE • EASY TO USE

THE DENTISTS' SUPPLY COMPANY OF NEW YORK

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New York, N. Y.

CALOX Tooth Powder
radio announcements
carry to the consumer
a message such as this



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er
his

ARMY REPORTS REVEAL that bad teeth are shockingly prevalent—are one of the major causes of Army rejections. America needs healthy bodies—healthy teeth. Go to your dentist regularly for a check-up. It may mean better health, better looks, better morale.

1852-1922

So intense was the controversy over cocaine in the 1870s that Halsted preferred to operate in a tent on the grounds of Bellevue Hospital, where he could make sure that aseptic techniques were maintained.

from *William S. Halsted*

The true scientific spirit lies in the restless urge to find something better. Thus, men of science were not completely satisfied with the local anesthetic properties of cocaine. Twenty years later, a safer local anesthetic, procaine, was developed and finally superseded cocaine.

But even procaine was not good

enough for our own research chemists. They worked on the development of a better local anesthetic for many years and synthesized more than 40 new products for the purpose. Amongst these was Monôcaine, which has become the local anesthetic of choice for thousands of dentists and physicians the world over.

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Paradoxically, *general anesthesia*, principally used by physicians, was introduced by dentists—Wells and Morton—and *local anesthesia*, used so extensively by dentists, was introduced by physicians—Koller and Halsted. The ink on Koller's initial paper describing the use of cocaine to anesthetize the head hardly dried before Dr. William S. Halsted made the first mandibular injection (November 1884).

Halsted was quick to see the possibilities of Koller's discovery. His enthusiastic use of local anesthesia established its place in dental and medical practice almost overnight. Halsted's long and brilliant career at Johns Hopkins University is well known, but his greatest gift to mankind was his contribution in nerve blocking to elimination of suffering in operative procedure. *Halsted was truly a Man against Pain.*



An early S. S. White Hypodermic Syringe of the type used for regional anesthesia in the days of Halsted.

MAN AGAINST PAIN

MONOCAINE

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2. 95% of the Gingivitis cases improved in 30 days (after prophylaxis) by massaging their gums at home twice daily with Forhan's Toothpaste.
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FOR MASSAGING GUMS
AND CLEANING TEETH



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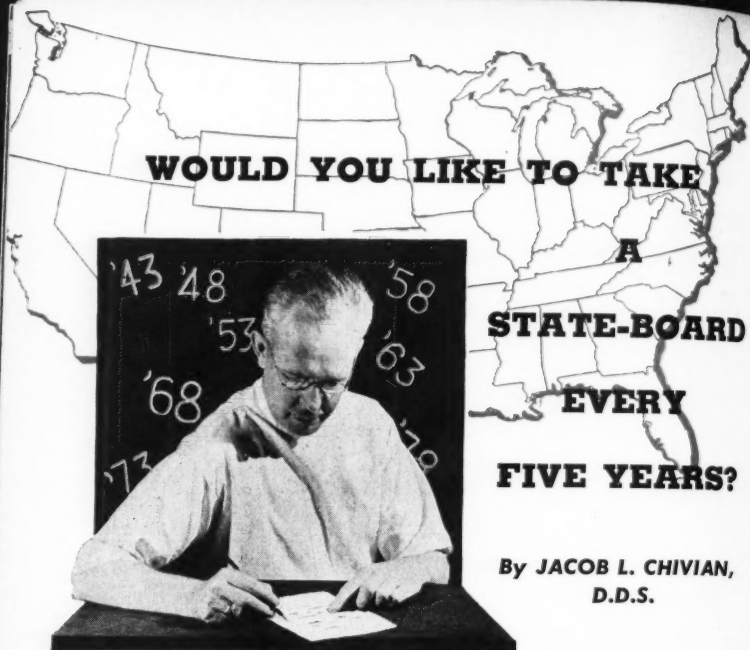
ORAL HYGIENE FOR AUGUST 1943 33D YEAR

Picture of the Month



War Bond Queen Mildred Jestrab, pins a war stamp boutonniere on Doctor Thomas McDermott, President of the Ohio State Dental Society. Miss Jestrab, a dancer in the Alpine Village in Cleveland, will be assisted by Wacs, Waves, and Spars in selling war bonds at the Ohio State Meeting in November. This photograph was made by Doctor Howard A. Hartman, Cleveland, who has charge of war bond sales campaign for the State Meeting.

Ten dollars will be paid for the picture used in this department each month. Send your contributions with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



WE ARE OFTEN forced to the conclusion that there are more bad dentists in this country than good ones—bad, here, referring not to morals, but to professional skill. This dental paradox of much bad mixed with some good is found in the United States, whose fame for the highest type of dentistry is known and appreciated the world over. More poor dentistry is found in the mouths of our citizens than conditions warrant. Disregarding social strata and financial ability or inability to pay for adequate or excellent professional services, the type of restorations so often seen is a sad reflection on the ability and honesty of too many in the profession.

I realize that dentists are human beings and, as such, are entitled to and have all the virtues and some of the vices of a cross-section of any other professional or business group. We know there are more lawyers of average or less ability than those of Supreme Court timber. We know, too, there are, unfortunately, more average practitioners in medicine than those of professorial rank. This is a law of nature—average in the majority, supermen in the minority.

Being an average dentist myself, makes me want to regard Nature's law of averages as applying to all other groups except dentistry. I would like to see many more supermen in dentistry who are capable

"I cannot see why a dentist should be licensed in perpetuity without proving himself upon occasion."

of and are performing more super-dentistry for more appreciative Americans.

Examining dentists for the Selective Service Boards reluctantly admit that much of the dentistry they see is a shame and a disgrace. Selective Service examinations offer a splendid opportunity to evaluate the dentistry of a large portion of the men of this country—the rich, the poor and the great middle class—all nephews of Uncle Sam. This ratio of more bad dentistry than good may be found daily at any hospital or university clinic. The same situation may also be seen in most average general practices. Much service is given with which we would be embarrassed to have our names associated.

Examine Yourself

The dentist who carves beautiful gold inlays, but overlooks an advanced periodontal condition; the one who "plugs" two or three surface cavities with silver, but with no matrix band; the creator of partial denture monstrosities; the busy man who hails the panacea of the "new" cements for restoring children's teeth—of this type of practitioner I ask, "Can you, in the privacy of your professional soul, answer the following questions?"

"Are you, in all honesty, fully qualified to practice ethical dentistry today? If, in order to continue to merit the privilege of work-

ing at your profession, you were requested by your State Board of Examination and Registration in Dentistry to appear next month for practical re-examinations, how would you rate in performance?"

"Could you insert a gold restoration in a Class II, III, or IV cavity? Could you prepare a vital, anterior tooth for a porcelain jacket crown? Could you prepare properly a posterior tooth for a cast gold crown? Could you process the cast gold crown, from impression through completion? Could you recognize the early, clinical signs of periodontoclasia? Could you build an impression for an efficient, stable lower complete denture? Could you perform an apicoectomy? Could you prepare a typical three-quarter crown? Could you administer analgesia?"

These questions are asked in an attempt to learn whether or not we have progressed during the past year. As with the marital state, our profession has taken us "for better or for worse." We have either progressed or regressed. There is no marking time in dentistry. Today we are better fitted professionally to practice dentistry than we were on the first day of our licensure—or we are not. Have the passing years brought a ripe, seasoned, mellowed judgment in dentistry, or has dental progress passed us by?

The universities have done their part in preparing dentists to prac-

tice modern, ethical dentistry. They have trained men and women in the proper habits of good dentistry, hoping that these habits would continue to guide their graduates throughout long, useful careers.

The dental societies (to which every single one of us should belong) have done their part in continuing the work of the universities by offering splendid programs and unparalleled postgraduate courses. Every society in the country has offered bigger and better programs for the continuous education of the dentist this year.

Inferior Dentistry

Despite this splendid background offered by the university and the society, I am convinced that Americans are not receiving the best dentistry which American dentists can produce. Many men for various reasons do not give their best. Still others cannot, today, produce the highest type of dentistry.

In an endeavor to keep American dentistry on an ever higher plane and to assure the American public the highest type of service, I submit the following plan to elevate the intellectual dental level and the mechanical skill of every practicing dentist.

Let every State Board require every licensed, practicing dentist to submit himself once in every five years for re-examination in practical dentistry. I cannot see why a dentist should be licensed *in perpetuity* without proving himself upon occasion.

The re-examination should be confined to practical, every-day dentistry as performed in a high-type, ethical practice. There should be no re-examinations in non-dental, never-used theory. The anatomy of the toe, the fetal circulation, the composition of the urine, the chemical composition of the gastric juice—such information can be obtained in a moment from the appropriate textbooks found in every dentist's library. Re-examinations should be up-to-date, enabling the dentist to use current dental thought.

The mechanics and working details for this plan can be arranged by meetings of the best dental minds in the country. It is not an insoluble problem. Leaders from the profession, eminent specialists, university professorial staffs, representatives of examining boards, all could confer and work out a living plan.

I favor the plan of re-examining the dentist in his own office, under actual, practical working conditions. In this way it would be possible to see if the dentist has the necessary sterilizing equipment for sanitary purposes, and a sufficient number of proper instruments to do a good job. Although good instruments do not make a good dentist, the fact remains that, to be efficient, a dentist needs good tools. The method of approach, diagnosis, and treatment of a patient could be observed. The fairest test, with the least inconvenience to the operator, could thus be assured. Working in

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familiar surroundings, in the privacy of his own office, the dentist, psychologically and professionally, could give his best to his selected patients.

Many state boards require yearly registration fees in order to check upon the qualifications of every licensed practitioner. Checking your professional qualifications usually consists of seeing whether or not your license is displayed conspicuously in the operating room—when and if such a check is ever made. If necessary, raise these annual registration fees in order to insure an adequate supply of qualified examiners to carry out these re-examinations, in order to weed out the legal practitioner who is “gypping” an unsuspecting public by not keeping up with the times. This plan would force every man to keep modern and up-to-date, through constantly reading dental literature, through steady attendance at dental society meetings, clinics, conventions and postgraduate courses.

Re-examine Specialists

Specialists in the various branches of dentistry would be

compelled to register with and be re-examined in the same way by specialty boards. A start has been made in this direction by requiring a candidate for a specialist's or expert's title to present his qualifications before specialty boards in orthodontia and periodontia in order to become a diplomate of such board.

No more would a practitioner put away his books permanently. No more would it be possible for a dentist to practice ten or twenty or thirty years never to be seen at a dental society meeting. No more would dentistry be practiced as it was upon the day of graduation. Then would his graduation day be, in truth, a “commencement day” in the ethical practice of dentistry.

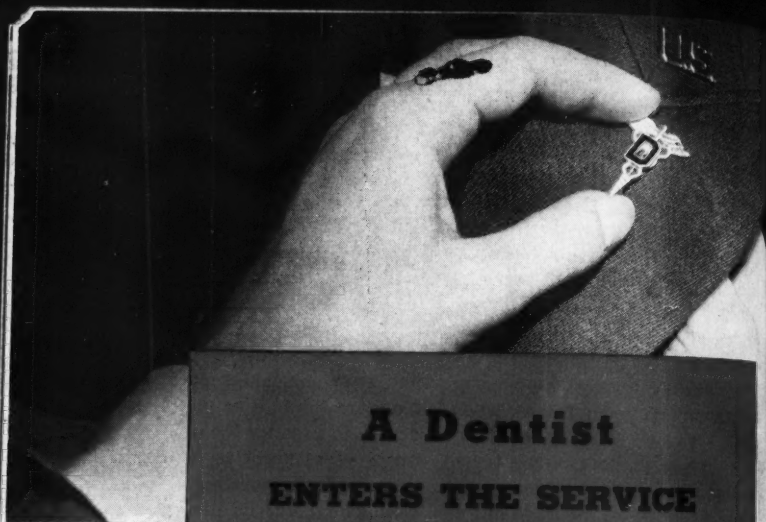
Every man should be a candidate for re-examination in practical dentistry every five years in order to deserve the privilege of practicing modern, ethical dentistry in this modern day. And every man should pass his re-examination with flying colors!

99 Shanley Avenue

Newark, New Jersey

THIS STORY WON \$100

THE FORTHRIGHT article by Jacob L. Chivian, D.D.S., wins this month's ORAL HYGIENE award of \$100. Every month this magazine offers a prize for the best article published. For details of the contest see page 1107.



A Dentist ENTERS THE SERVICE

By LIEUTENANT DAVID C. EASLEY, JR. (DC)

I HAVE BEEN in the Army since February, 1942. I'm new enough to remember well my first thoughts and reactions and old enough to be an old-timer. For fifteen years I had been happy practicing in my home town. It was not a city nor a hick town—just an average community of 10,000 where everyone had lots of friends and a few enemies, and a town where, when sickness came, the neighbors could be seen crossing the street carrying a plate covered with a napkin.

And all at once—a commission in the dental reserve had been extended and I was subject to active duty in the Army. Less than a month after I received this news a calm, deliberate voice calling from Atlanta said to report to the 68th

Medical Regiment, Camp Forrest, Tennessee—how soon could I leave? My pulse rate increased; my mind stopped functioning; I stuttered; I mumbled—the date was set for me by the voice. It's quite a shock to a meek, peace-loving, home-loving dentist with a wife and three children and a seventy-four year old father-in-law to be told suddenly to break loose, drop his handpiece, close his office, make a will, and start a military life.

Although delayed five days by the illness of two of my children finally I was ready to leave. My head was swimming and I was out of breath as I climbed on the train headed for camp. All kinds of thoughts milled through my mind as the train clicked off the miles.

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Military life soon modifies civilian habits of thought and action.

Why had this happened? Who'd take care of my patients and finish the treatments just begun? How would my family get along on my reduced income? How long would I be gone? What would my superior officers be like? What work would I do and under what conditions?

Much to my surprise all my former patients seem to be eating just as well as ever; my family are still clothed and fed and are getting along nicely, thanks to the excellent management of my wife. The officers turned out to be a fine bunch of men. A grand old regular Army Colonel of the Medical Corps, twenty-six years in the service, and a father to all the officers and men of the regiment, was the commanding officer. A former auto-tire salesman was the adjutant and he made me feel at ease the moment I met him.

The Colonel Speaks

The first things the Colonel told me shocked me a little just as they would have any average dentist.

"Son, you are a dentist no longer, not for the duration at least. You are a medical department officer. You will do very little dentistry here in a medical regiment, but you'll learn to enjoy the many other duties you will perform. It will be a big change for you, but it will be a vacation for you, too. Do not worry, but just do the very best you can

and I'll soon be as proud of you as I am of my other dental officers. I wouldn't give up a single dental officer I have as they are all good soldiers. They are better soldiers than the medical officers," the "old man" said to me.

In a short time I learned from the other officers how to wear my clothes and insignia, and the rudiments of military courtesy and discipline. I read numerous Field Manuals on various military subjects. Soon I was drilling the men, teaching classes on First Aid, Medical Aid, and Field Sanitation. I was going on marches of five, seven, nine, and then twelve miles. Much surprised I noticed my face looking healthier—more color and good and brown. Physically I was feeling better than I had in several years. Mental readjustment took a little longer, but it came in time too.

Going to school was a change. First I went to the Bakers' and Cooks' school for a two weeks' course in mess management. Many dental officers serve as mess officers for their outfits. This was an interesting course—partly a review of nutrition and the rest about the Army way of cooking and serving food.

To Carlisle Barracks

Next I was sent to the Medical Field Service School at Carlisle Barracks, Carlisle, Pennsylvania for a two months course. A chill ran

up my back as I marched over ground where soldiers have been trained for every major conflict in which we have fought during our national history. I enjoyed marching to classes twice a day to the marches played by a military band. I studied harder and later than when I was in dental school. The company of dentists was the best in the class too. A diploma, as well as the knowledge we had done our best, was our reward.

Back To Dentistry

On my return to camp the Colonel placed me in the camp dental clinic. I had never been away from my practice more than a week at a time, and here it was several months since I had used a handpiece. Twenty new chairs and units in a line with twenty dentists working with earnestness is a thrilling sight to see. We were doing bread-and-butter dentistry—plastic restora-

tions with the best of materials and extractions.

Now it was time for maneuvers, which is an extended camping trip, where I rediscovered the beauty of the stars, the sunrises and sunsets. I'm back in camp again and the training program is on in full strength. Many officers and men have gone out with other units and new ones have taken their places. All over the world they are a credit to their profession.

I am one of thousands of such dentists. Theirs is no greater sacrifice than mine or mine no greater than theirs. But it is worth the sacrifice as will be seen in a few years. I'm proud of the dentists of the United States. They are coming through in a laudable fashion, both the group in the Service and the group at home.

*68th Medical Regiment
Camp Forrest, Tennessee*

WESTON A. PRICE TO BE HONORED

EXTENSIVE PLANS are being made by the Cleveland Dental Society to honor Doctor Weston A. Price with a testimonial dinner on his retirement from active practice. The dinner will be held on Thursday evening, October seventh, at the Hotel Statler, Cleveland. All members of the American Dental Association and allied groups are invited to attend. Doctor Thomas J. Hill, Western Reserve University, is Chairman of the dinner committee.

After fifty years of dental practice in Cleveland, accompanied by intensive research and writing for dental publications, Doctor Price will retire to California. He plans to continue his investigations on the relation of diet to dental and other diseases.

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WE NEED

Dental Hygienists

By L. M. SMITH, M.D.

Are Dental Hygienists a Menace?

By CHARLES L. HATCHER, D.D.S.

The training, licensing, and practice of dental hygienists, a constructive force in the dental profession, will be the first great wedge by which the dental profession will be divided into two distinct groups: dentistry and dental hygiene. Their conception, training, and association with the dental profession is unsound in theory and practice.

The dental hygienist makes it possible for dentists to be of real service in public health.

What one dentist thinks about dentistry. Right to permit persons with a limited training of two years to undertake the duties attempted by dental hygienists then the dentist.



IN THE MAY issue of ORAL HYGIENE an article appears entitled "Are Dental Hygienists a Menace?," written by Charles L. Hatcher, D.D.S. I am of the opinion that Doctor Hatcher has not had sufficient experience with the service of dental hygienists or possibly, in the course of his practice, he has been embittered by an unprofessional action on the part of a dental hygienist.

In my position, as Director of School Health Service in the city of Pittsburgh, I have developed just the opposite opinion of dental

hygienists to the one expressed by Doctor Hatcher.

In the health program of the Pittsburgh Public Schools we have forty-six physicians, thirty-seven* nurses, fourteen dental clinics with a dentist and dental assistant in each clinic and four dental hygienists. Our dental clinics for underprivileged children have been in operation for almost twenty-five years, and I am sorry to say that we were not getting any place with the oral hygiene situation by doing corrective dentistry alone. Dentists

should keep in mind the fact that the dental hygienist bears almost the same relation to the dentist as a nurse bears to the physician. Her duties and field of service are necessarily limited and should be considered as primarily educational. The examination and diagnosis of dental defects among children is intended to give them a foundation on which they build their educational program.

I have found from experience that dental hygienists:

1. Reduce immeasurably the amount of dental service required in later years.

2. Train children to go to their private dentists.

3. Save the six-year molars which are the most important teeth in the child's mouth.

4. Prevent much unnecessary suffering and illness in later years of life.

5. Appreciably reduce the number of permanent teeth lost because of neglect.

Any dental program, to be successful, must include a preventive program as well as a corrective program. It is our purpose to have dental service performed by private dentists, and I have found that it is possible to accomplish this objective only by employing dental health educators. When we are able to create the desire among children for dental correction we are able to get results. Thus far we have used dental hygienists in the first, second, and third grades. These grades have children in the impres-

sionable age and we are passing them out of the third grade with a thorough knowledge of proper diet, a complete understanding of what we mean by good oral hygiene, also how to use a toothbrush and an almost unbelievable improvement in the amount of corrective dental service.

The first ten schools in this city examined by the dental hygienists revealed that more than 90 per cent of our children showed neglect of oral hygiene. In one school we had two rooms in which we found forty-three abscessed teeth. This condition has been improved sufficiently to convince me that the dental health problem among school children can be solved. Judging from our experience thus far, I am convinced that in a period of eight or ten years, somewhere between 75 per cent and 100 per cent of our children will leave the third grade, not only with the knowledge I have mentioned, but with all dental corrections completed.

In his article Doctor Hatcher asked the following question: "Will the public be benefited by the licensure of dental hygienists?" He answers this question with the word "No." I will answer the same question with an emphatic "Yes." There has never been a profession developed that was more needed or that has proved more valuable in the education of children than the profession of dental hygienist.

We must keep in mind that physicians, dentists, and nurses are more or less technical experts while

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the dental hygienists are certificated teachers specializing in dental health education. The only technical service that they perform is to examine teeth and in some districts provide prophylactic treatments. The provision of prophylactic treatment is, to my mind, unimportant but the examination of teeth, the dissemination of knowledge and the creation of desire on the part of children for dental service is extremely important. I know of communities where ten years ago 90 per cent of the children had bad oral hygiene, while today less than 9 per cent have unhealthy mouths, and all the dental service was performed by private dentists.

When you consider that approximately 21 per cent of the first two million draftees did not have twelve remaining permanent teeth with three opposing pairs, you must admit that it was high time that some method of educating the rising generation be developed. I give full credit to the dental profession for their activity in developing the profession of dental hygienist. Their constructive service has benefited the public immeasurably and also benefits the dental profession. *The time will come when no school system will operate without a dental health educator.*

Both physicians and dentists are accepting the idea gradually that unhealthy mouths might be the underlying cause of serious diseases such as rheumatism, heart disease, stomach ulcers, gall bladder disease

and, if cancer cells are present, may even be the exciting cause of cancer of the mouth, throat, and other parts of the alimentary tract. As a matter of fact, probably better than 90 per cent of all disease enters the body by way of the nose and mouth. Therefore, it is certainly time that we do something about the terrible oral hygiene situation that exists among the school children of our country. Judging from my experience in school health programs, I know that the dental hygienist is in the best position of all professional persons to bring about better dental health among the thirty million school children in this country. The greatest bottleneck in the Pittsburgh dental program is lack of private dentists who are willing to accept children for complete and thorough dentistry.

Doctor Hatcher advocates more education for dental hygienists. If we are going to provide more education for anybody in preventive health service, it should be provided for both the dental and medical professions. Both professions are still individualistic in their attitude and fail to visualize their great opportunity for improvement in general health. Dental hygienists do not and will not assume any of the prerogatives of dentists, but they do enhance the opportunity of the dental profession to be of real service in public health.

Pittsburgh Public Schools
Pittsburgh, Pennsylvania



Your Fingerprints WILL PROTECT YOU

By **HERMAN A. MORAN**

PHONY-CHECK artists netted an annual "take" of \$3,000,000 in the years before Pearl Harbor. This sum, however, is small compared to their expectations for the coming years—considering the rise in national income with its fattened pocketbooks and checking accounts.

Are you going to be a victim? Not if you and your business associates use the weapon you have at your fingertips—a weapon powerful enough to make the cleverest forger and check-raiser in the country back off in alarm.

"Check men" in prisons all over the country are agreed on one point: the quickest and most effective

Use of a simple device will protect you against forgery and bogus checks.

method of stamping out the check rackets is through the use of fingerprints. Law enforcement agencies hold the same view.

The procedure is simple. Before cashing a check for any one of whom you are not sure, insist that he place the imprint of his *right* forefinger on the front of the check. This is done by rolling the finger from side to side on the surface of an ordinary ink pad, being careful to ink the entire face of the finger and part of the sides. This procedure is then repeated on the front of the check. Make sure you can see

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No criminal cares to leave his calling card by placing his fingerprint on his "bum" paper. He might as well call up the police and tell them who he is and who he has clipped. And there's no such thing as "beating the rap" when the law gathers him in. He convicted himself when he fingerprinted the check.

The same weapon will help you defeat the person who makes a good living by raising checks received in payment for something, or as a donation. If you haven't the proper check-writing equipment, and have occasion to give your check to a stranger, you should always place a clear impression of your right forefinger over the amount that is written in figures.

Register Your Fingerprint

This action will serve a two-fold purpose if you go a step further and register your fingerprint with your bank and instruct it always to check your fingerprint before cashing any of your checks. This would not only make it exceptionally difficult for the sharpster to raise the amount of your check, but if he managed to do so without leaving evidence of his work he would still have another barrier to hurdle: how to get *your* fingerprint on the changed check. He won't dare put his own on it.

Time and sad experience have shown that many protective measures employed by businessmen and

private parties are now useless—worse than useless, in fact, because in some instances the crooks have managed to turn them to their own account.

Bank O. K. Not Sufficient

For instance, most people believe that an excellent way to determine the authenticity of a check is to call the bank upon which it is drawn. It is good to do this, but if you relied exclusively upon the evidence secured in this manner, you would be laying yourself wide open for a neat clipping. You see, the success of some phony-check operators depends largely upon *having* their victim telephone the bank.

Impossible? Well, recently a dentist in a western city was gypped out of a sizeable sum in cash in addition to a large service fee. The trick was worked easily—but not painlessly, it developed—when the dentist's "patient" insisted that he



Fingerprinting will serve a two-fold purpose if you register your fingerprints with your bank . . .

call the bank before accepting the proffered check. The bank informed the dentist that the check was good.

The check was placed in the cash drawer and the "patient" given his change, which was really what he wanted, and he received a receipt for the dentist's services.

It's only natural that the dentist complimented himself on the day's excellent business. Any hard-working man will do that. Yes, the dentist was all smiles until he sent the check to the bank for payment. Then the telephone rang and there was bad news waiting for him.

"Doctor, you have accepted a forged check," said the voice at the other end of the wire.

It was a hard blow and it is not at all strange that the good dentist swore then and there he would never, under any circumstances, accept another check.

We can't blame him, but had he used fingerprints for his protection—his fingerprints for his protection—he would not have contributed his cash to an unscrupulous swindler.

Several days previous to the "patient" making his call at the dentist's office, bank statements were stolen from mailboxes and the signature copied onto blank checks. So, being in need of dental service, the swindler picked on the unwary dentist. It's likely that he was working with a confederate, for the victim whose name had been forged later reported that a stranger talked to him about a

trivial matter on the telephone at about the same time the "patient" was putting over his worthless paper on the dentist. This was merely a safety measure in case the bank got suspicious and started to investigate. Most check swindlers, even today, operate on a maxim laid down years ago by the arch swindler, Joseph "Yellow Kid" Weil, who stated, "Perfect timing is the key to the perfect shakedown."

So, you see, with this perfect timing element, you can be clipped when the bank okays the check.

However, it goes without saying, had the dentist whose name was forged, previously placed his fingerprint on file with the bank, he would have avoided the loss of his money. In fact, no one would have suffered a loss, although it is possible for an expert penman to reproduce a signature that will fool anyone but a handwriting expert.

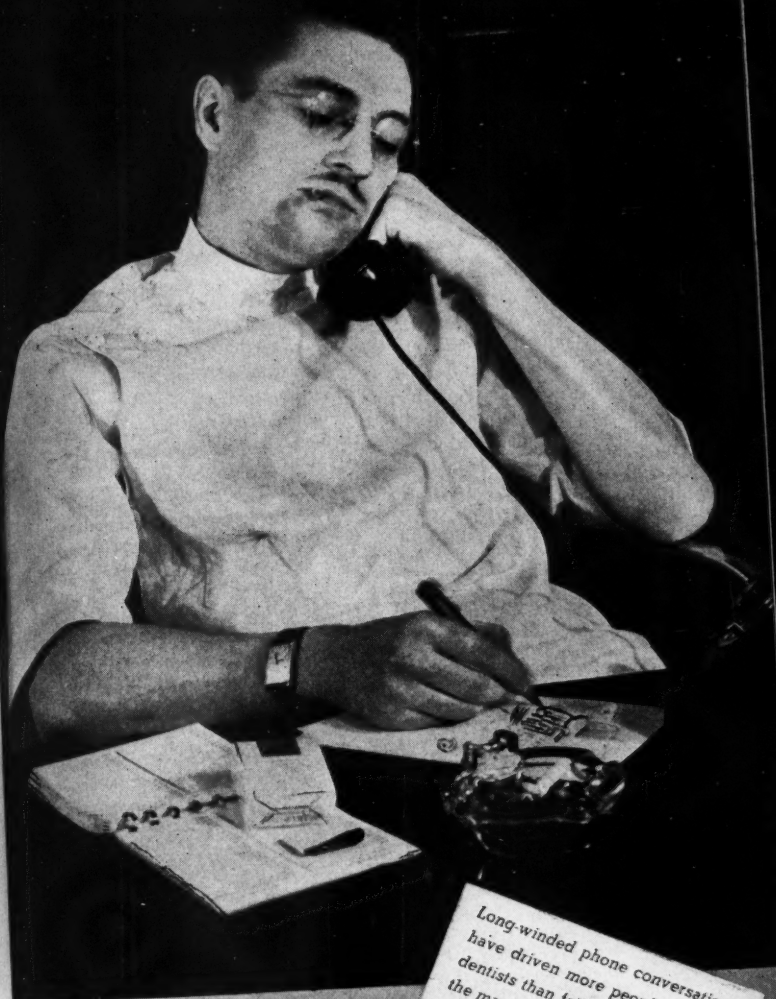
Yet it is a known fact that a worthless-check operator doesn't have to be a genius with a pen any more. An original signature and a piece of clear glass is all that is needed. A light bulb is placed in a cubic enclosure under the glass. The blank check, on which the signature is to be copied, is placed over the canceled check and both are laid on top of the glass. Then it is merely a tracing job for Mr. Worthless-Check Swindler. Fingerprints will stop him though—your fingerprints and his.

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Long-winded phone conversations
have driven more people to other
dentists than failures to reproduce
the marginal ridges in restorations.

HOW TO KILL A DENTAL PRACTICE



Military News



Authorize Women Dentists:

Women dentists may now become a part of the armed forces. Legislation to authorize their appointment in the Army and Navy for the duration of the war was introduced as H.R. 2892 by Representative Sparkman, Alabama. Congressman Sparkman was author of the recently enacted law permitting appointment of women physicians in the Army and Navy.



On Seeking Assignments:

One morning a lieutenant colonel of the Dental Corps, who is now on duty in North Africa, found a letter in his mail from a friend in the United States requesting advice or suggestions as to how to proceed in order to retain his cousin a first lieutenant in the Dental Corps, on duty at "home stations." In his reply, which was made with great promptness, the lieutenant colonel said:

"With reference to your request for assistance or advice as to retention of your cousin . . . in home stations, I can only refer you to the decision which I personally have made as to a citizen's obligation and duty to the Country which he proudly claims as his own.

"I believe it is the duty of all citizens to serve the Nation in the capacity for which best fitted if possible, but most certainly wherever such service may be in demand. I do not believe anyone has the right to qualify where that service

may be performed during a war.

"You will note that my present address is 'Somewhere in North Africa.' I requested foreign service to better serve my Country if possible. My superiors decided where that service should be rendered. I am proud of the opportunity given me to serve the United States on foreign soil to the best of my abilities.

"I believe that if you will give the matter serious reconsideration, you will agree that as individuals we are but small spokes of a very large community wheel; but it is very necessary that as such small spokes we be perfectly aligned with the hub, in order that the wheel may function properly for the benefit of the community in general.

"I do not believe we should ever attempt to qualify as to location of service in time of war. The matter of assignment of an officer to home stations is the responsibility of the Personnel Officer concerned."



Physical Requirements Lowered:

Under its new regulations reducing physical requirements for the induction of men through Selective Service, the Navy will now accept inductees without any teeth provided they possess healthy gums correctible by dentures. Formerly the Navy required sufficient natural teeth or suitable replacements to supply satisfactory biting function.

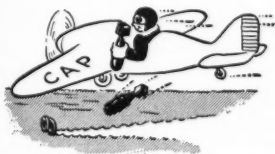
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Dentists in the News

Kansas City (Missouri) Star: Travis E. Kallenbach, dentist and aviator of Saint Louis, is a Captain in the Civilian Air Patrol and has been made Executive Officer of the Missouri Wing, a division which is under the command of Major David W. Kratz.

Doctor Kallenbach is enthusiastic over the service being given by the CAP, which now has 77,000 members in all parts of the country flying their small planes on coastal patrol at the rate of 87,000 miles a day. The CAP is credited with sinking submarines single-handed off the Atlantic Coast as well as calling for aid that resulted in the sinking of many more. This organization has saved 354 lives of men who were found at sea and has flown 19,500,000 miles. The courier service, another function of the CAP in which Doctor Kallenbach is active, flies about



21,000 miles a day delivering parts and personnel from one war plant to another.

Long before we entered the war Doctor Kallenbach was an experienced pilot, having made a solo flight over Central America and the Panama Canal. His experiences on this trip were re-

ported in the August, 1940 and subsequent issues of ORAL HYGIENE.

Seattle (Washington) Star: New chairman of the King County Housing Authority in the State of Washington is Cecil V. Englund, dentist of Enumclaw. A Seattle attorney will serve as vice-chairman. The Housing Authority was created three years ago by the Board of County Commissioners and headquarters are in the Fourth and Cherry Building, Seattle.

Lansing (Michigan) State Journal: Doctor David S. K. Daie, associate professor of dentistry in the West China University in Chengtu, China, received his Master of Public Health degree at the University of Michigan. Twenty months ago Doctor Daie was sent to the United States to study public health methods and he plans to return to China this fall to aid in inaugurating a nation-wide dental health program.

Portland (Oregon) Oregonian: Lieutenant Raymond E. Walker, Army dental officer, who was decorated with the Order of the Purple Heart after being wounded at Darwin, Australia, has been promoted to the grade of captain. Fully recovered from his injuries, Captain Walker is still on duty in the South Pacific. He has been in Service since the Spring of 1941, when he was called to active duty from the Reserves.

Syracuse (New York) Herald-Jour-

nal: Commissioned on the same day in the Army Dental Corps, brothers Lieutenant James W. Byers, 37, and Lieutenant Alton D. Byers, 34, arrived together at their first station, the Syracuse Army Air Base. Doctor James Byers was a practicing dentist of Aliquippa, Pennsylvania, and Doctor Alton Byers had an office in Freedom, Pennsylvania. Two brothers of the lieutenants are also in the Army.

Chicago (Illinois) Tribune: Dentists specially trained as paratroopers and qualified to administer first aid and to treat facial injuries helped the troops who spearheaded the invasion of Sicily. They were a part of the greatest force of air-borne troops ever launched by the United States Army. Lieutenant Alexander P. Suer, of Philadelphia, team dentist, landed with the first American paratroop combat team, which reached Sicily four hours before the land in-

vasion. According to paratroop reporter John Thompson, who was also a part of this initial thrust, the entire armada of air-borne troops was accompanied by jumping dentists, physicians, and surgeons, fully equipped with supplies and instruments, beyond anything ever before witnessed in military history. For the first time, too, they carried blood plasma into the field, as well as many types of anesthetics, plaster of Paris to make leg casts, explosives to blast holes in the ground for operating rooms, and a modified version of the marine parachute surgeon's jumping kit. A little more than a year ago the nucleus of this hard-hitting American paratroop combat team was organized, and ever since it has been undergoing the most intensive training. Every member of the team had been made to realize that he was part of a great experiment to determine what part air-borne troops will play in winning the war.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Ill.

DEAN FRED W. HINDS DIES

AFTER A LONG and distinguished career in dentistry, Doctor Fred W. Hinds, Dean of Baylor University College of Dentistry, Dallas, Texas, and President of the American Association of Dental Schools, died on June fourth. Doctor Hinds, who had served as Dean at Baylor University for the last fifteen years, was a native of Minnesota. He received his doctor's degree from the University of Minnesota in 1915 and practiced dentistry in Park Rapids until he went to Dallas in 1926. Doctor Hinds is survived in Dallas by his widow; a daughter, Charlotte; and a son, Doctor Edward Hinds.

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Dear Oral Hygiene

What Do You Think?

Planned economy from a national standpoint is a recognized fact. There is hardly a thing we do in our daily life, but some government regulation affects it, either directly or indirectly. To try to anticipate what the future holds in this respect is a task too great for the average citizen, and I, being just one of the average, do not hope to have the solution.

However I am wondering—what dentistry has in store for us in the future via the planned economy route. There is no doubt that the planners are planning something along this line, as evidenced by the Beveridge plan, and the "cradle to the grave" plan.

Could such a plan operate successfully without either the public or the dental profession or both getting the short end of the bargain? It is possible that the planners know this and might do something about it.

Being a dentist myself and having been associated closely with the profession, I know what the average dentist thinks and how he conducts his practice. It is certain that the average dentist will be difficult to manage under a rule of supervision. Is it possible that the planners know this and accordingly will do something about it too?

I wonder if the present day drafting of many dentists into the armed services is not a prelude to what is to follow. This could be called a test case under supervision. You might term this a sort of softening up process. These dentists are

being taught under supervision. A small dose of this now will make it easier to take a larger dose of the same thing later.—HENRY S. MELICHAR, D.D.S., 2100 South Crawford Avenue, Chicago, Illinois.

German Health Insurance

Doctor M. Stiefel, in his article I WAS A DENTIST IN THE GERMAN ARMY¹ makes some remarks about the health insurance system in postwar Germany which must not pass unchallenged.

Doctor Stiefel is apparently dissatisfied with the health insurance system of the German republic. Moreover, he is opposed to any kind of health insurance and finds it necessary to give unsolicited advice to American dentists in this respect. I am not a dentist, but I am sufficiently acquainted with the German Health Insurance plan to realize the unscientific, antisocial attitude of Doctor Stiefel's article. This contribution to your magazine is obviously dictated by the wish to support all the reactionary forces in American dentistry and medicine which are for the status quo and definitely opposed to any progress.

Now, to the argument itself: Doctor Stiefel objects because after the return from the war, the dentists were flooded with patients because of the health insurance scheme. Let me ask Doctor Stiefel if he would have preferred to see empty offices, medical and dental talent

¹Stiefel, Martin, D.D.S., I Was a Dentist in the German Army, ORAL HYGIENE, 32:1628, (December) 1942.

unused or only fractionally employed, at a time when the devastating effects of the last war created a crying demand for the full use of all medical and dental facilities? Moreover, almost the entire population was impoverished to such an extent that it would have been impossible for the great mass of people to pay private practitioners' fees. Without health insurance, more than 75 per cent of the German population would have been forced to resort to charity in order to satisfy a minimum of their medical and dental needs. Thus, without health insurance, the medical and dental profession would have been deprived of millions of marks, which they actually received for medical and dental care rendered; and the population, an object of charity, driven into dispensaries.

There is, of course, the argument about the "cheap" medical or dental service as a consequence of health insurance. This argument is nothing but slander against the honesty and integrity of the medical and dental professions. To believe that the efforts to help suffering humanity are aroused only in proportion to the amount of fee behind each case is an insult, which every honest practitioner true to the ideals of his profession, must reject emphatically.—JACOB AUSLANDER, M.D., 286 West 86th Street, New York City.

Africa Postmark

Despite the fact that most people are of the opinion that barbarous and uncivilized persons inhabit most of Africa, dentistry in this vicinity is quite modern.

There is an ample number of dentists here, French for the most part. Their signs, besides stating that they are surgeon dentists, also invariably tell the school attended. There are no American

dentists practicing here, but there are those who, for the sake of prestige, advertise "Americain Dentiste." I went to see one such dentist and his English was of a vague and unfamiliar variety.

Most of the dentists are general practitioners. The popular American specialties like orthodontia and oral surgery are lacking.

Dentists wear white gowns and white caps and have an air about them that makes one think they are ready to step into the operating room to do that appendectomy.

Gold work is scarce and the metal itself quite rare. To get a gold restoration the patient must present the dentist with an amount of gold equivalent to that used in the restoration. This results in many of the "gold" restorations falling somewhere below 14 karat. Most bridgework is done, for this reason, in a non-precious metal that resembles gold in appearance.

Bridgework, in the main, is executed by means of full crown abutments in this material. The occlusal surface is cast almost invariably. Inlay and three-quarter crown abutments for bridges are rare since esthetics, for one thing, is apparently not a factor. I have seen many natives with anterior full metal crowns—almost everyone has one.

The operators are adept in the use of plaster and obtain fine impressions with it. Their plasters seem to have reached a higher stage of perfection than ours, in that they have finer consistencies and give sharp accurate impressions.

It seems to me that American dentists could do well in Northwest Africa because of the prestige they have. The living conditions here in peacetime are said to be very nice if one does not tire easily of the antics and customs of the Arabs.—LIEUTENANT IRVING I. WEINGER, (DC), A.P.O. No. 668, c/o Postmaster, New York City.

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THE PAY-AS-YOU-GO TAX BILL

By **SAMUEL HACKER, C.P.A.**



THE CURRENT TAX Payment of 1943, known as the Pay-as-you-go Tax Bill, affects practicing dentists as individuals and as employers. Dentists who inform themselves on these regulations now will avoid inconvenience and penalties later.

Effect on Practitioners as Individuals

1. Cancellation of one year's Tax

The lower of your 1942 or 1943 tax is canceled in full, if it does not exceed \$50. If the tax is between \$50 and \$66.67, \$50 is canceled and the balance is payable March 15, 1944. If the tax exceeds \$66.67, 75 per cent is canceled. The balance of 25 per cent is payable, one-half on March 15, 1944, and one-half on March 15, 1945.

2. Anti-Windfall Tax

This tax probably does not affect our readers. It concerns only those taxpayers whose surtax net income for the tax year being canceled (1942 or 1943 as the case may be), is \$20,000 greater than

the highest income year from 1937 through 1940. Such excess is taxed at high rates, the details of which are not given here because of lack of space. The first payment on the Anti-Windfall tax is due March 15, 1945.

3. 1943 Taxes for Practitioners

You are now on a current basis. The quarterly payments you made on March 15 and June 15, 1943, apply against your 1943 Income Tax. On September 15, 1943, file an estimate of your 1943 tax and show the balance due after deducting the March 15 and June 15 installments. Pay one-half the remaining tax. The balance of one-half will be paid on December 15, 1943.

On March 15, 1944, file your 1943 Income Tax Return, indicating your exact liability. Deduct the four payments made in 1943, and pay the balance. If the payments you made on account exceed the exact liability, the excess applies against your 1944 tax.

On the same date, file your Victory Tax Return, which is based

on 5 per cent of your Victory Tax net income, less your exemption of \$624, and credits for U. S. bond purchases, debt reduction, and life insurance premiums paid. These credits are limited to 25 per cent of the Victory Tax for single persons (\$500 maximum credit) and 40 per cent of the Victory Tax for married persons (\$1000 maximum credit), plus 2 per cent of the Victory Tax for each dependent (\$100 maximum credit).

You will have two other matters to take care of on March 15, 1944. First, you must file an estimate of your 1944 tax liability and you must pay one-fourth of the estimated tax. Be sure your estimate is reasonably accurate, because you will be subject to a 6 per cent penalty if your estimate is lower than 80 per cent of your final tax. Estimates may be revised June 15, September 15, and December 15. Second, you must pay one-half of the uncanceled 25 per cent of one year's taxes, or if the canceled year's tax was \$66.67 or less, then you must pay the difference between \$66.67 and \$50.00.

Effect on Practitioners as Employers

Commencing with pay periods beginning July 1, 1943, you will withhold 20 per cent of all dentists' attendants' salaries and commissions, less the specified exemptions. Or else you can withhold the specified amounts according to salary range, as shown in the printed tables available at your local collector's office. If your pay period runs from Monday to Saturday, your first withholding will be on salaries for the week ending July 10, 1943. There is no withholding for domestic service in a private home, or for casual labor not in the course of your profession.

Each employee must file a declaration with you showing personal status and number of dependents. Married employees may split the exemptions equally or else one may take the full marriage exemption and the other may take none. The chief exemptions are shown in the accompanying table.

The 20 per cent withholding in-

STATUS	WEEKLY	SEMI-MONTHLY	MONTHLY
<i>Head of Family or Married Person Claiming Full Exemption</i>	\$24	\$52	\$104
<i>Single Person, or Married Person Claiming one half Exemption</i>	\$12	\$26	\$52
<i>Each Dependent (Excluding first one for those claiming Head of Family Exemption)</i>	\$6	\$13	\$26

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MILITARY AND NAVAL PERSONNEL

COMMENCING with 1943, taxpayers in active service of the United States, or of any of the other United Nations, may exclude \$1,500 from their military compensation, in addition to their exemption of \$500, if single, and \$1200, if married, or head of a family. In effect, 1942 and 1943 Income Taxes are virtually wiped out, except for Service men or women with large unearned incomes, because a special provision cancels out the 1942 earned income, even though 1942 is the higher income tax year. Furthermore, all unpaid income taxes are canceled for such members of the armed forces who died after December 7, 1941.

cludes 17 per cent for Income Tax and 3 per cent for Victory Tax. If an employee's exemption, as outlined here, is higher than his salary then you withhold instead, only the 3 per cent Victory Tax, less the following exemptions for all persons, regardless of status:

Weekly	\$12
Semi-monthly	\$26
Monthly	\$52

If you withhold more than \$100 per month from your employees, then you must remit such withheld amounts monthly. Otherwise, they will be payable quarterly.

How Your Employees are Affected

On March 15, 1944, your employees will file and pay their 1943 Victory and Income Taxes, taking credit for the following:

A. 5 per cent Victory Taxes withheld from January 1, 1943, to June 30, 1943.

B. 20 per cent taxes withheld from July 1, 1943 to December 31, 1943.

C. Income Tax payments made March 15, 1943 and June 15, 1943.

In addition, if the abated tax (1942 or 1943 as the case may be) was between \$50 and \$66.67, they will pay on March 15, 1944, the excess above \$50. If the abated tax exceeded \$66.67, they will pay one half of the uncanceled 25 per cent on March 15, 1944. The remaining one half of the uncanceled 25 per cent will be paid on March 15, 1945.

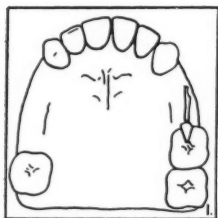
The 20 per cent withholding tax was designed to include incomes up to \$2,700, if single, and \$3,500 if married. If an employee's salary exceeds these amounts, or if his income from other sources exceeds \$100 he must file estimates just as you do, and must pay quarterly installments covering such estimates.

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New York City

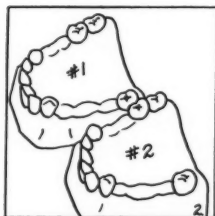


Conducted by W. EARLE CRAIG, D.D.S.

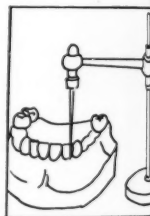
Drawings by Dorothy Sterling



Before taking the impression, make proper seats for occlusal rests on the molars.



Take the impression and pour model (1) in stone. Pour a duplicate model (2) in a selected investment.



Survey model 2 for height of contour.



With half forms, wax model 2.



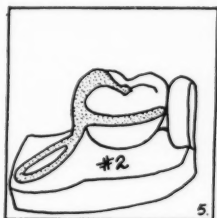
Paint waxing" solution investing consistently pouring

Cast Clasps

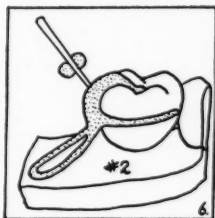
By J. Arthur Malcolm, D.D.S.



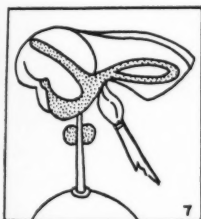
With half-round wax forms, wax up clasps on model 2.



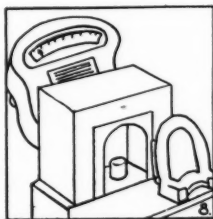
Cut off each tooth with carved clasp from model 2.



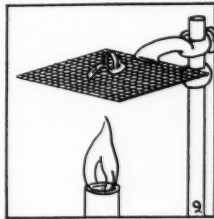
Attach sprue at heaviest section of clasp, in such manner that gold flows forward at all places if possible.



Paint with "debubbleizing" solution. Invest, using investment of the same consistency as used for pouring model 2.



Burn out at 1290°-1300° F. Cast. Plunge ring into cold water. Pickle in 50% solution of H_2SO_4 .



After grinding and adjusting on model 1, temper by laying casting on a screen above a Bunsen flame until straw colored. Allow to cool.

Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties," John Milton

A CURRENT QUANDARY

ALTHOUGH THE legislatures of most states have passed laws barring the advertising dentist, there is a crop of newly-spawned advertisers appearing in some parts of the country. These people have sprung into being to avoid military service. Under the present ruling of the War and Navy Departments advertising dentists and other unethical practitioners are not given commissions in the Dental Corps. To receive a commission membership in the American Dental Association is not mandatory although conformation to the ethical standards of the Association is required. An advertiser is not eligible for a commission, according to the regulations of the Procurement and Assignment Service. The Selective Service System is not disposed to induct dentists and physicians as privates. This situation has given some of the schemers an opportunity to evade service. If a dentist hangs out a large sign, passes out a few handbills, and is a bit blatant, the local Procurement and Assignment chairman will report that he is not eligible for a commission. Then, should the Selective Service call the advertiser, he can claim he is essential or that he is being discriminated against and is a victim of a plot and persecution. He can maintain that he is licensed to practice dentistry and, therefore, should be given the same consideration as any other licensed dentist. What he does not know is that the Procurement and Assignment will not declare any advertiser "essential" to the welfare of the community. Thus he is wide open for induction as a private, if he is within the military age.

The Selective Service has not been anxious to induct dentists as privates. They have been ordered to keep hands off those professional people who come under the Procurement and Assignment Service. If they induct even an advertising dentist the hue and cry will be raised *from dental societies* as well as from the advertiser that dentists are being taken into the Service as enlisted men. If the board gives the advertiser an occupational deferment because the Procurement and Assignment Service did not declare him available for a commission, the protest will be made that the advertiser is being given preferential treatment and is the recipient of professional privilege.

August, 1943

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The exact authority of the Procurement and Assignment Service must be defined as it applies to all dentists. At present this Service passes on the availability of dentists for the military forces. The Procurement and Assignment can send an invitation to a dentist to apply for a commission. The dentist can file the paper in the wastebasket or may accept the invitation. If he passes the physical examination he may accept or reject the commission offered to him. If he should refuse the commission the Procurement and Assignment Service can so advise the local draft board. If he is over 38 there is nothing that the draft board can do. If he is under 38 he can stand on his dependency claims the same as any other citizen with the clear knowledge that there is nothing under the present Selective Service regulations that will allow him to be inducted in a fashion different from any other citizen with a similar dependency classification. The dentist in common with other citizens is aware that it is unlikely that fathers with one or more children under 18 will be inducted before January 1, 1944. The Procurement and Assignment Service is an organization without authority. It can compel no one to do anything.

The military forces keep demanding more and more dentists for duty. The demand will be for about 5000 more dentists before the year is out. It may be difficult to fill this quota. The fervent patriots and most of the young unmarried men are already in Service. Those who remain at home are the indifferent, the oldsters, the infirm, and the men with legitimate dependency claims. No one, including the government, wishes to destroy family life or to take the "lame, the halt, and the blind." There are, however, here and there in the profession, young, robust fellows, under 38, without dependent children, who are enjoying the harvest of present profitable practice. The Procurement and Assignment Service has an eye on these fellows; so has the Selective Service. Neither agency is being fooled. Before the year's end some of the dentists in this category may expect a surprise. They have been given the voluntary opportunity to serve. The next step may be compulsory. They have been warned!

Edward J. Ryan

Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Swelling Under Lip

Q.—I have a patient, a woman, 58, who is receiving treatment for diabetes. At present she is receiving injections of liver and Vitamin B about every two weeks.

For several months she has had a swollen area underneath her lip and it appears inflamed. It is not from any tooth disturbance.

It is a new observation in diabetic patients and I am interested to know what significance the swelling may have.—S. A. F., Michigan.

A.—It is difficult to account for the swelling under the lip in the case of your diabetic patient.

One author;¹ lists twelve oral manifestations in diabetes mellitus, but no swelling, other than gingival, is given.

The attending physician should be consulted as to the possibility of the liver and Vitamin B injections having any connection with the swelling.

Possibly a roentgenogram of the region would disclose an underlying cause that is not apparent on ocular examination.

I don't think of anything else, but would be interested in hearing from you if you do discover the cause of the swelling.—GEORGE R. WARNER.

Vincent's Infection

Q.—Recently I had an experience that has troubled me considerably. For many years I have had, as patients, a family

from a small railroad center. Two months ago the son of this family, a young man of about 20, came to me with a mild case of Vincent's infection. As usual I treated this with hydrogen peroxide and a 7 percent chromic acid solution, first flooding the mouth with full strength hydrogen peroxide, then damming off a section with cotton and applying a drop of the chromic acid in and around the affected area. After half a minute I applied a drop of hydrogen peroxide in each interspace.

The case was complicated by a partly erupted lower third molar on left side with a deep cavity. I knew I could not extract this molar for fear of serious, perhaps fatal, consequences. So I proceeded to treat the Vincent's infection. I had given four treatments when the patient stopped coming. After several days I went to see his family and found they had taken the young man to another dentist.

It seems he, causing great pain to the young man, had taken a lance and cut deep around the third molar and thus relieved the pain that in my opinion had its origin there. Of course, I lost the patient and the rest of the family.

I tried to explain to them the danger of working about that third molar while the Vincent's infection was present but to no avail. They said that something had to be done because the young man could not eat or sleep. After two weeks or more I sent my bill for \$8.00 for the four treatments given, and I feel they do not intend to pay it. Was my treatment correct? In what way did I fail to do my duty?—C. E. C., Ohio.

A.—Your treatment for Vincent's infection is one of the many approved methods and your three treatments had probably cleared up the condition sufficiently to make

¹Comroe, Collins, and Crane: Internal Medicine in Dental Practice Philadelphia, Lea and Febiger, 1938.

the other dentists' lancing a safe procedure.

I am wondering if this young man's pain was not caused more from the cavity in the third molar than from the Vincent's infection. If so, you could have stopped his pain, and kept this family as patients, by partly excavating the decay and placing a dressing of sedative cement in the cavity.—V. CLYDE SMEDLEY.

Denture Materials

Q.—Will you please answer the following questionnaire?

1. What is a good cementing substance to repair a broken model? Will it stand vulcanizing or processing?
2. What preparations are necessary to send to a dental laboratory to have an acrylic resin inlay made?
3. Are acrylic resin inlays a success?
4. In setting-up denture teeth is it better to use anteriors the same width as the natural teeth were or to use slightly narrower teeth to make the arch smaller and the leverage less?
5. I have read that manufacturers of dental vulcanite rubber have "done something" to it which makes it less durable than it was years ago. Is that true? I have known at least one woman who said she had worn her upper vulcanite denture for 50 years. It seems to me that modern rubber does not do so well.
6. Is mottled (granular) rubber, more durable than plain pink rubber?
7. I have read in a dental magazine that a plaster impression should be given a coat of shellac or sanderac immediately after removing it from the mouth; otherwise, it will shrink. Is there anything to that?
8. What is your opinion of so-called plastic teeth?
9. If a nerve be blocked back of an infected tooth, why should there be any more pain in extracting it than in the case of a healthy tooth?
10. Do nickel pins corrode when used in acrylic resin as they do in vulcanite?
11. Why does trismus more often occur from the extraction of a lower molar than from the extraction of an upper molar—or any other tooth?

12. It is my understanding that the cause of a "dry socket" is not known. Is that true?—S. C. H., Kansas.

A.—1. Liquid celluloid, celluloid film, or any other scraps of celluloid dissolved in acetone make an excellent repair of a broken plaster or stone cast. Yes, it stands vulcanizing well.

2. A good white inlay wax model of a cavity, with ample retentive form and the correct shade to match the tooth, is all a good laboratory should require to make satisfactory acrylic inlays.

3. We feel that acrylic inlays are decidedly a success when placed with care and judgment. Acrylic is much less brittle than porcelain, but is, of course, more friable and less resistant than gold and should be used with due consideration of its limitations.

4. In my opinion, the anterior artificial teeth should duplicate the natural teeth as accurately as possible with the exception of those cases where a change is desirable to improve a person's appearance.

5. I have no information to the effect that manufacturers of dental rubbers have intentionally lessened the quality of their products. It would certainly seem that, with business being seriously threatened by the plastics, they would make every effort to improve rather than depreciate their vulcanite. It is a fact though, that my experience has been disappointing during recent years with several different makes of vulcanite.

6. It has been my observation that granular pink is likely to be less durable than plain pink rubber.

7. Plaster impressions should not only be painted immediately with

varnish or whatever you use as a separating medium, but they should be poured immediately also.

8. I like the new plastic teeth very much, especially for short bite and individual tooth replacements. A beautiful match for the natural teeth can be made and they are less brittle than porcelain and are, therefore, desirable where fracturing is a problem, but I feel that they are too soft and, therefore, subject to too rapid wear for general use instead of porcelain.

9. Inflamed or congested tissue, of course, does not absorb procaine and adrenalin readily, but where the nerve is thoroughly blocked at considerable distance from the inflamed area, that is the mandibular block, the anesthesia should be complete so far as the nerve supply from the inferior dental nerve is concerned.

10. If any moisture seeps in between the acrylic and the teeth, as it does with vulcanite, the pin corrosion should be the same.

11. Since the lower jaw is the movable member, naturally lower molar extractions are more likely to cause strain, or trauma, on the temporomandibular joint.

12. The immediate cause of "dry socket" is, of course, obviously the breaking down of the blood clot in the socket, and it seems logical that this is more likely to occur in cases of long standing chronic infection where nature has thrown up a wall of dense bone around the tooth root.—V. CLYDE SMEDLEY.

Replacing Central

Q.—In your judgment what is the best way to replace an upper right central for a boy, 14. His other teeth are in good condition. I am not in favor of a re-

movable restoration in a youngster's mouth. My idea is to use an open-faced gold crown on the lateral with a spur against the central. What do you think of this?

I also have a patient, 68, with two large bony knots on the lower jaw opposite the bicuspid on the lingual side. Something will have to be done before he can use a denture. Am I likely to have difficulty in excising them.—D. S. L., Kansas.

A.—A temporary bridge with a porcelain facing soldered to well-fitted orthodontia bands on both central and lateral is preferable, in my judgment, to the open-faced crown idea. When the pulps have receded sufficiently to make cavity preparation a safe procedure, the temporary bridge should be replaced with a new fixed bridge with pin inlay abutments.

The bony prominences that you refer to are torus linguales. They are non-pathologic and there is usually no need of removing them unless a full denture is to be worn. In preparing such a mouth for a full denture, a generous gum flap is laid back and the prominences are reduced with chisels, or bone burs. They consist of hard dense bone, and are, therefore, not easily removed.—V. CLYDE SMEDLEY.

Recurring Pains

Q.—I should like your opinion on a case that I do not know how to handle. The following is a case history as given to me:

My patient is a man about 55 in good physical condition, who complains of severe pains in his lower right jaw. He had a lower right third molar that was impacted and was removed about four years ago and since then the pains have developed. These pains seem to start in the region where the third molar was removed and travel forward to the mental foramen, though at times they seem to center in the upper lip on the right

side. At other times the pains are sharp and will last from an hour. They never, when he is down at night.

The onset of the pain is about a month after the tooth was removed, and the side were taken of that time. The patient would not apply months, but in the past year and continuous for weeks.

The patient has per teeth and partial. The teeth are all out. The balance is *situ* and in has a slight upper and lower.

These pains would imagine would thought. The enclosed of the region removed and start.—C. M.

A.—The patient is ed with your mandible. The type of patient caused by the dibular canal no evidence in your

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OUR COVER
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side. At other times they cause soreness in the right side of his face. The pains are sharp and come on at any time and will last from five minutes to about half an hour. They appear to be worse, however, when he is sitting still or lying down at night.

The onset of these pains was about a month after the third molar was removed, and the rest of the teeth on that side were taken out within about a year of that time. The pains started slowly and would recur for a day or two and would not appear again for two or three months, but have been worse within the past year and have been more or less continuous for the past two or three weeks.

The patient has lost several of his upper teeth and is wearing a cast vitallium partial. The teeth on the lower right side are all out, back of the first bicuspid. The balance of the lower teeth are *in situ* and in fair condition, though he has a slight amount of pyorrhea in both upper and lower gums.

These pains recur very much like I would imagine that a tic douloureux would though I have never had a case. The enclosed roentgenogram was taken of the region where the third molar was removed and where the pain seems to start.—C. M. R., Kansas.

A.—The roentgenogram enclosed with your letter shows a normal mandible so far as I can determine.

The type of pain of which your patient complains is sometimes caused by pressure within the mandibular canal. However, I can see no evidence of abnormality in the canal in your case.

In tic douloureux the pain is sharp and lasts only a short time. The pain is so severe that the patient's face is drawn and he is in terror for fear of another par-

oxysm. Then there is usually a trigger point, some place on the face, which when touched, will bring on a paroxysm of pain.

It might be hyperesthesia of the inferior dental nerve, resulting from injury to the nerve when the third molar was removed. But in such cases the lower lip is affected.

It would be wise to consult a neurologist to clear up the diagnosis.—GEORGE R. WARNER.

Canker Sores

Q.—What would you advise for canker sores?—P. E. Z., California.

A.—Canker sores or acute aphthous stomatitis must be, according to Prinz and Greenbaum,² differentiated from recurrent canker sores or chronic intermittent recurrent aphthae.

If your patient has the common canker sores, I believe you may assume that they are an allergic manifestation. The correctness of this assumption can be proved or disproved by food tests, or by the patient knowing that the canker sores come after eating certain foods. I have one patient who has canker sores after eating English walnuts. I have another who found by food tests that wheat caused her canker sores.

Some people have canker sores if they overeat or have what they call an "upset stomach."—GEORGE R. WARNER.

²Prinz, Hermann and Greenbaum, S. S.: *Diseases of the Mouth and Their Treatment*. Philadelphia, Lea & Febiger, 1935.

THE COVER

OUR COVER illustration this month is a photograph of Lieutenant Governor Eugene Keyes of Michigan, a former practicing dentist. The photograph was supplied through the courtesy of *Detroit Times*.

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"I want you to know, Junior, that when I was your age I did not tell lies."

"Could be, Pop. But how old were you when you started?"

★

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"Yes, I did, ma'am, but I noticed you put the 2-cent stamp on the foreign letter, and the 5-cent stamp on the city letter"

"Oh my—why didn't you bring them back?"

"No need of that ma'am—I just changed the addresses on the envelopes."

★

Mother—"Now, before you get serious with him, be sure that he is always kind."

Daughter—"Oh, but mother, I'm sure he is. I heard him say he put his shirt on a horse that was scratched."

★

Wife—"I don't think I look 30. Do you, dear?"

Husband—"No, darling, not now. But you used to."

★

"Do you think you know all about how to run a newspaper?"

"No, sir, I do not."

"Well, I'll try you. You talk like you've had experience."

"Now, Annie, when you wait on the table tonight for my guests, please don't spill anything."

"Don't you worry, ma'am. I never talk much."

★

Negro Parson: "Well, Deacon Jones, what does y'all think of my preaching a sermon on the widow's mite?"

Deacon: "I thinks, parson, it would be a waste of time, cuz dere is only two widows in dis yere congregation and Ah knows dey does."

★

In a small town where two brothers are engaged in the retail coal business, a religious revival was held and one of the brothers became converted. For weeks he tried to persuade his partner to join the church.

"Why can't you get religion and join the church like I did," said the one.

"Never mind, it's a fine thing for you to belong to the church," replied the other, "but if I join the church, who is going to weigh the coal?"

★

She: "The doctors now say that low-neck dresses help women ward off colds and pneumonia."

He: "Well I was at a swell restaurant last night where all the girls seemed to be trying to ward off lumbago."

★

Sadie: "My father is a big shot in the Army. He has an oak leaf on his shoulder."

Gertie: "That's nothing. My dad's in the Navy and he has Four Roses on his hip."



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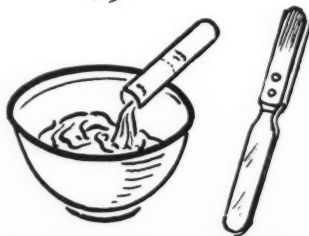
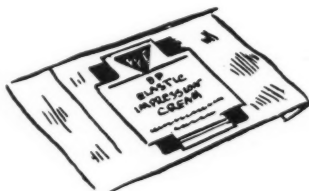
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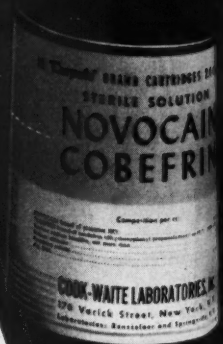
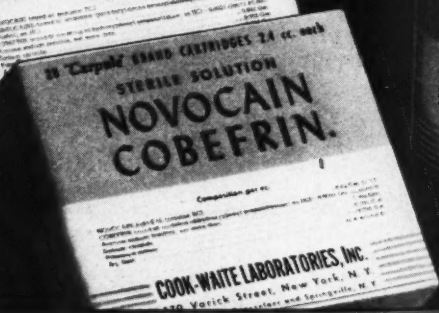
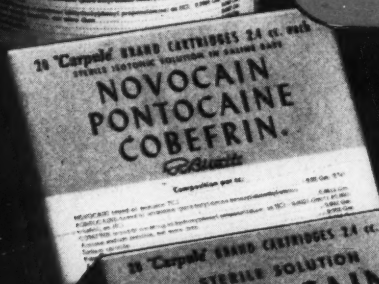
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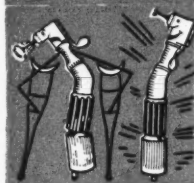
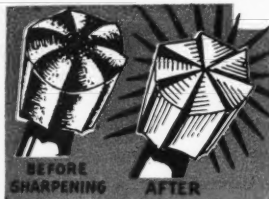
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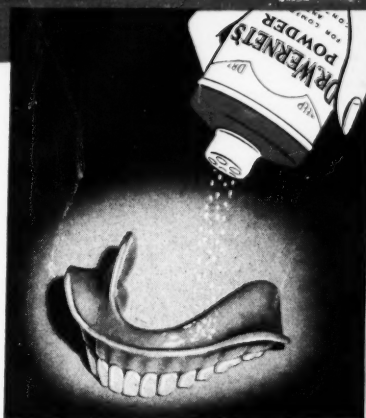
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WAXES— by Kerr

Inlay Wax
Dry Inlay Wax
Impression Wax
Ready-Made Wax Shapes
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Pink Base Plate Wax
Utility Wax
Carving Wax
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Sticky Wax
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*for
final impression detail
just try this wax!*

FOR precision dentures to fit snugly everywhere, without causing oral sore spots, just try this proved impression technic:

Take impression with Kerr Red Compound. Stabilize well in palatal and ridge areas. Relieve around periphery by trimming down about 3 mm.

Now substitute Kerr Impression Wax for cut-away compound by warming wax stick and tracing on periphery. This wax will flow at body temperature, so you can fit and muscle-trim. Chill and remove.

Pour model into this exacting primary impression, adapt rigid base-plate and use resulting accurate tray for final impression with Kerr Impression Paste.

Result, a super-precision-fitting denture that will delight you and your patient.

KERR DENTAL MFG. CO., DETROIT

KERR IMPRESSION WAX (*Sticks*)

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Film-Ac
IMPROVED ACRYNAMESL SEPARATOR



The tin-foil separator that forms a continuous microscopic film on surfaces — yet deposits film on acrylic teeth, porcelain teeth, metal surfaces or repairs Film-Ac saves time, saves foil, maintains denture quality *

DENTA PEARL PLASTIC TEETH

Decreased impact shock and lack of abrasion preserve (1) opposing natural teeth (2) periodontal membrane (3) alveolar process (4) patient poise. The Denta Pearl denture is durable, light, comfortable, clatterproof; the teeth are "truly kind to the tissues." *

FLUORESCENT
Acrynamel

(1) Embraces the original and exclusive "Dry-Pack" technique, — the simplest, most positive method of color control. (2) Direct-match shades and shade guide; no complicated formulae necessary to match human teeth or shade guide. (3) Human teeth are fluorescent under ultra-violet light; Fluorescent Acrynamel is the only acrylic restorative material which is also fluorescent.*

* Data on above subjects available on request.

Naturalist

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H. D. JUSTI & SON, INC., PHILADELPHIA, PA. REL

NOW

Justi-Tone

CERTIFIED TO
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SPECIFICATIONS

"Experience is a sort of savings bank
and pays annuities to old age." — IVOR BROWN

NO DENTAL manufacturer has had more years of experience in pigmenting fine materials for Dentistry. With the advent of acrylics, the Justi Research Staff has given its full time to this subject. Experience plus Research has resulted in JUSTI-TONE.

There is probably more than one good denture base material; but, JUSTI-TONE'S unusual combination of translucence and opacity results in a "tissue-lucence" even when dry — a feature that particular dentists will like.

The Profession, Trade and Teaching Field look to Justi for excellence in plastic products — JUSTI-TONE is presented as a logical step in our goal of "Modern Products for Modern Prosthetics."

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TRIAL PACKAGE

2 Units \$4.50
1 Unit Standard tone, 1 Unit Light tone

WAR PACKAGE

*12 Units \$22.50
Choice of Standard tone, Light tone or Clear

*2 extra units of material — service boxes eliminated.

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Data on Packing Acrylic Dentures is available on request.

Distinctive - distinctively Natural

For Modern Prosthetics

PA RELIABLE DENTAL PRODUCTS SINCE 1864

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MORE DENTISTS ACHIEVE

Finer Radiographs

THAN EVER BEFORE!

Today...

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MORE DENTISTS ARE USING . . .



**X-RAY
SOLUTIONS**



X-RAY FILMS

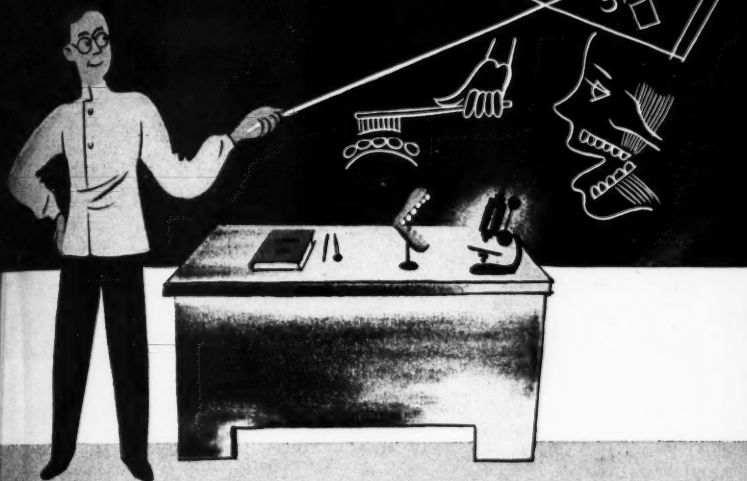
... because, today, exacting conditions leave no room for doubt. That's why x-ray technicians have come to depend on DUPONT X-RAY FILMS and FR X-RAY SOLUTIONS for the absolute in clarity and detail; quickly and efficiently. Start today, specify DUPONT and FR every time.

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Although dental patients are essentially "outpatients" (beyond professional control between office visits), their teeth and gums can still be influenced in favor of structural integrity and functional efficiency during these interim periods, if enough "homework" is assigned . . . to clean their teeth properly; and (above all) to exercise them by the habit of vigorous chewing.

Many dentists specify the regular use of a nonnutritive bolus of specially firm consistency — such as that provided by Dentyne Gum . . . formulated with reduced sugar content, yet deliciously flavored for gratifying indulgence.



Dentyne
CHEWING GUM

THE IDEAL MASTICATORY

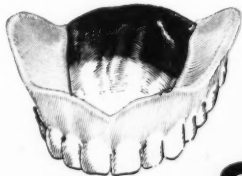


BY THE contrast of instrumental timbre, the contention of rhythm, and the use of opposing dynamic effects the spirit and brilliance of a musical score are revealed.

But this contrast which so enriches our musical masterpieces is the target for attack in prosthetic dentistry. Success in dental research is measured by reduced contrast in the development of denture materials to blend unobtrusively in the mouth. In this respect, LUCITONE has gone beyond hoped-for goals.

Its soft, translucent coloring "borrows" life from the tissue it conceals. Against the natural gums it is nearly undetectable because it is indistinguishable. This "lifelike" identity is sensed by the wearer. It results in restored self-confidence.

Contributing to this feeling of confidence is the "neutral" character of LUCITONE. It is without taste and odor. It feels fresh. The mouth does not have to adapt LUCITONE through warmth or moisture. LUCITONE is at once a part of its environment.



LUCITONE
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 DENTURE MATERIAL

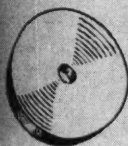


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gentle, efficient
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Tepper's STERI-CLEANERS

Tepper's Steri-Cleaners are scientifically designed to give you the finest possible finish on fillings of all types; they are excellent for cleaning teeth, for they get into every corner of every tooth surface. And—they are particularly effective for polishing inlays and other precious metal restorations.

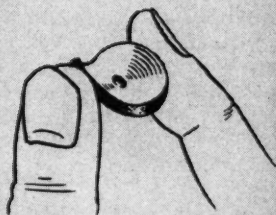
Tepper's Steri-Cleaners polish quickly, there's no loose pumice, because the pumice is incorporated in the rubber binder. Available in boxes of Discs, Cups and Juniors at \$1.00 a box. Order through your dealer.



"CHROME" WHEELS

Now — after a long period of testing — Martin presents a fine new polishing wheel, made with a large percentage of a special abrasive, remarkably effective for polishing stainless steel, alloy and even precious metal restorations. "Chrome" Wheels leave a satin-smooth surface, free from scratches. A special Clasp Polisher, bullet-shaped, made of the same material as "Chrome" Wheels is also available.

Chrome" Wheels\$4.00 for 100
 Clasp Polishers\$4.25 per 100



POLISHING WHEELS

Martin Polishing Wheels, made of fine grade rubber and a gentle abrasive, produce a mirror-like polish on the finest gold and other precision metal dentures. They are flexible . . . they polish thoroughly, but gently.

Box of 100 — \$2.75

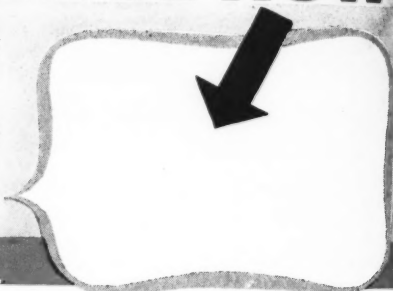
MARTIN
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LONG BRANCH, N. J.

**DOCTOR, HOW
SHOULD I CLEAN
MY NEW PLATE?**



**WHAT WILL YOUR
ANSWER BE NOW?**



**Dentu-Creme Samples Have Gone to War
BUT THERE'S NO "PRIORITY" ON GOOD ADVICE**

Far-sighted dentists take office time to insure themselves against unreasonable criticism from new denture wearers. With no samples available as "reminders," they use words to stress the safe and efficient cleansing of dentures with Wernet's Dentu-Creme and the specially designed Dr. Wernet's Plate Brush—both still obtainable at regular outlets.



WERNET'S DENTU-CREME

Dr. Wernet's Plate Brush



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WAR won't wait for a toothache. That's why there is greater need today than ever for utmost promptness and efficiency in dentistry. Make radiodontic examinations the rule . . . to conserve your time, to get war workers back to their jobs, and to maintain high diagnostic and corrective standards.

Eastman's contribution to wartime dentistry is its complete line of dental x-ray films: *Bite-Wing*, *Periapical*, *Occlusal*, *Extra-Oral* . . . in the sizes preferred by the profession, and with the characteristics favored by you . . . all so dependable that you can safely adopt swift, standardized exposure and processing technic. Order from your regular dental dealer. . . Eastman Kodak Company, *Medical Division*, Rochester, N. Y.

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For the best possible results at all times with Eastman Films: (1) have your dealer deliver fresh Eastman Chemicals, liquid or powder, regularly; (2) when you receive them, have your assistant replace all stale solutions.



The great majority

of all dental radiographs are made on **EASTMAN FILM**



THE research technician who is holding these wafers of clear acrylic resin is saying: "These polymers are good enough for knife handles, but they're not good enough for dentures". The specimens are undergoing the "solvent attack test" which is one of the ways the VERNONITE research staff has devised for detecting a polymer's unsuitability for use in the mouth.

The test reveals the rate at which a solvent or monomer diffuses into the polymer. Holes are drilled in clear molded pieces and the holes are filled with various solvents or near-solvents. The degree of penetration, hence the weakness of the resin, can be observed by comparing the filled cavities with the unfilled (two holes in each specimen, right end, as left as drilled.)

This is one of several rigid tests that VERNONITE polymer ingredients must stand up to. It reveals the difference between a mass-produced commercial powder made for molding gadgets and the type of polymer used in VERNONITE made for denture use exclusively.

The polymers used in VERNONITE are pure, all-acrylic resins. They contain no plasticizers, mold lubricants or other non-resin substances.

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*Operate Quietly,
Efficiently, at Low Cost*

Curtis Automatic Dental Pumps are especially designed for this exacting service — to provide compressed air for the modern dentist. They reflect Curtis' 88 years of successful engineering experience and are precision built in every detail.

You'll find a Curtis Dental Pump extremely quiet in operation, highly efficient and thoroughly dependable. It provides clean, pure air at all times and operating costs are extremely low. It occupies small space, starting and stopping are completely automatic and requires no attention except occasional filling of oil reservoir. Uses a tasteless, odorless, colorless lubricant.

Compressed air saves you time, energy and money — it's an invaluable aid in operative dentistry and laboratory work — makes your work easier and better and patients appreciate its use. Write for Bulletin C-18.

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★ X-ray apparatus, today, is right up at the front, along with tanks, guns and airplanes. That's the why of home-front scarcity. In this war, dentists and medical men have just reason to be proud of the tremendous reduction in fatal war casualties. FISCHER equipment is doing its share. Winners of the ARMY & NAVY "E" PRODUCTION AWARD and STAR.



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PIECE CROWNS.**

GOLD CUSPS.

**GOLD FACINGS FOR
DENTURES.**

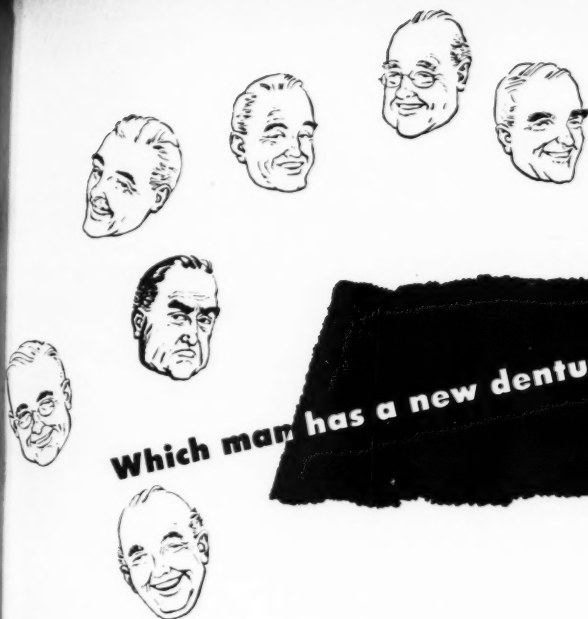
ANCHORS FOR CLASPS.
14K, 10K, and Gold
Cased.

READY MADE CROWNS.
Platinum & Gold.

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Butyn
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Which man has a new denture?

Yes . . . even the most skillfully made dentures can cause distress until postoperative pain subsides and sore gums heal. Fortunately, you can provide relief in these cases *promptly* and *inexpensively* by using Butyn-Metaphen Dental Ointment. This product combines the prolonged anesthetic action of Butyn 4% with the antiseptic action of Metaphen 1:1500, and may be applied to the surfaces of the denture coming in contact with the gums. It is not irritating to oral tissues, nor unpleasant to the taste. Butyn-Metaphen Dental Ointment is provided in two sizes: 1-ounce tubes with applicator nozzles for the most economical office use, and $\frac{1}{4}$ -ounce tubes for patients to use at home. • Butyn-Metaphen Dental Ointment is also useful in the prophylaxis and treatment of trauma from extraction, "dry sockets," pyorrhea pockets, and as an anodyne dressing following scaling. Literature is available from Abbott Laboratories, North Chicago, Illinois.

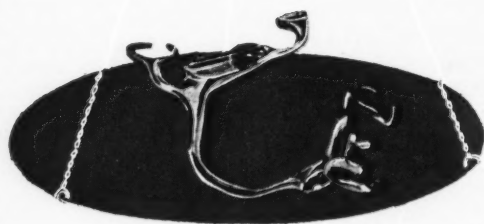
Butyn^{*}-Metaphen[†] Dental Ointment

REG. U. S. PAT. OFF.

^{*} p-aminobenzoyl-di-butyl-amino-propanal, Abbott.

[†] 4-nitro-anhydra-hydroxy-mercury-orthocresol, Abbott.

... this gold denture ske



GOLD AND THE PLATINUM METAL IN

enture skeleton weighs 6 dwts.

The weight of a typical gold partial structure is only a fraction of an ounce. Yet, it is interesting to know merely as a point of information, of course, that even if its weight were tripled, the patient could not detect the weight difference when the case is clasped in position.

In mouth service, weight of fixed or partial dentures cannot be felt at all because of the very principles of suspension upon which they are designed.

The major influences on the "comfort" of a restoration are first: "thinness of the structure" and second: "accurate-fit-to-tissue" that is possible only with modern high strength dental golds.

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SMOCK (at left). Made of sturdy White Twill with pleated back and indestructible knot buttons. Sizes 34 to 48.

DRESS (at right). Princess style, opening full length with sewed-on White bone buttons. Detachable belt. Made of durable White Twill. Sizes 30 to 46.



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Procaine Hydrochloride 2%
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1:2,500 A.D.R.

PREPARED with freshly distilled water in a modern laboratory under scientific control, these solutions are offered to the dental profession with the confidence that clinical use will establish the value of the time, thought and care employed in their manufacture.

Dental Division



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OUR FOUNDING

MANY names that will be forever famed in letters and many works which mark the creation of a native American Literature were contemporary with the middle of the 19th century.

William Lloyd Garrison had established "The Liberator" in 1831. Whittier's first book, "Legends of New England," which secured his place as poet laureate of that section, had just been published. Hawthorne was at work on "The Scarlet Letter," published in 1850. James Russell Lowell's first series of "The Biglow Papers" had appeared and, during these same years, many of the poems of Longfellow. In 1858, Oliver Wendell Holmes finished his "Autocrat of the Breakfast Table." Ralph Waldo Emerson, poet and essayist, considered by many to be America's greatest man of letters, was another contemporary of those days.

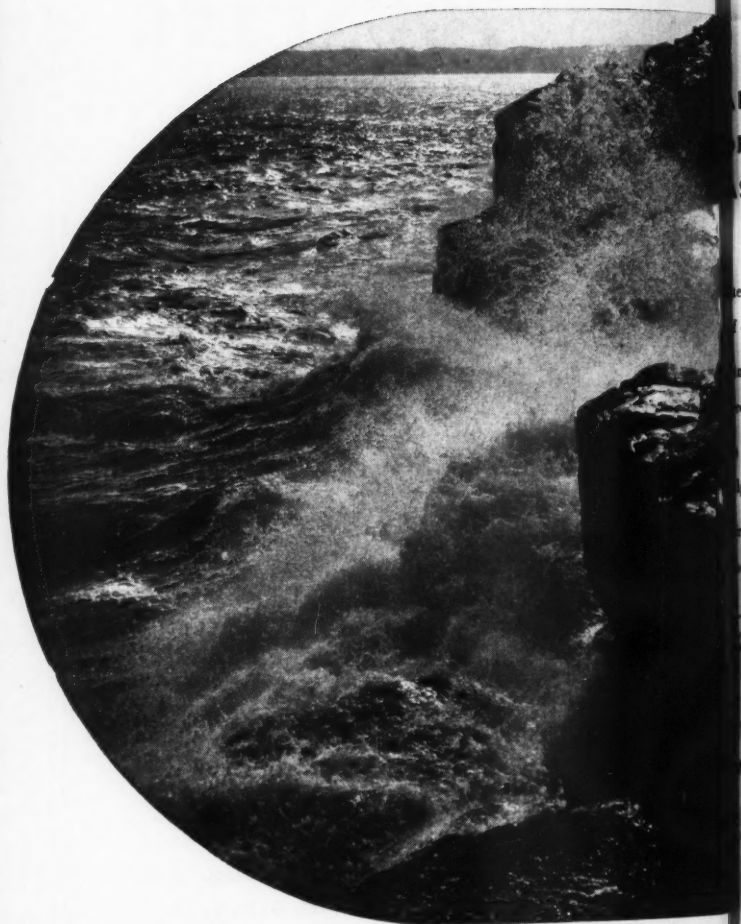
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Beauty **PROVEN STRENGTH**

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DR. MYERSON'S TEETH EVEN

AS THEY ARE IN NATURE . . .

The play of light and shadow, the erosions of time have contributed to the rugged beauty of this seascape. It is a striking example of that law of esthetics, "Beauty and Harmony through Variety."

Similarly, the beauty of natural teeth is portrayed in Dr. Myerson True-Blend teeth, in the harmony of color that avoids the sameness of *mechanically-made* articles.

Dr. Myerson True-Blend teeth, the blending, striations, erosions, irregular incisal edges—are all hand-made—by skilled and careful hands.

Dr. Myerson's teeth are stronger, too . . . For greater security in processing or in use, Dr. Myerson True-Blend Teeth are always indicated.

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THE FIRST AND ONLY PERMANENT LINER

No Processing . . . Ready to use from the tube. No Guesswork.

Color . . . for perfect blending with the denture base.

Simplified Technique . . . only about 20 minutes chair time.

Subsequent Corrections . . . easy to meet tissue changes.

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**MUST have
EXACT TAX
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**Checks NAIL BITING
AND THUMB SUCKING**

Children who repeatedly suck their thumbs and bite their nails run the risk of transporting germs, dirt, grit and other foreign matter into their mouths and throats. This habit is not only unhealthy but very unbecoming to any child. Use Thum to discourage thumb sucking and nail biting.

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Emily Gardner and W. B. Blanton,
Incidence of Aspirin Hypersensitivity,
Am. Jnl. Med. Sc., Sept., 1940.

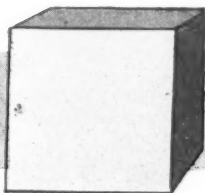


Scientific Tooth Selection

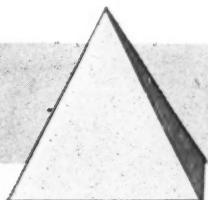
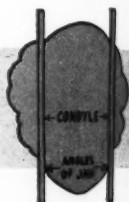
made as easy as



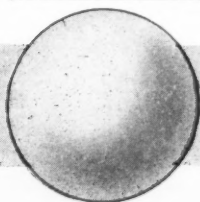
Scientific studies prove that Nature has three basic facial types, Square, Tapering and Ovoid and that all patients can be classified as predominantly one of these types.



SQUARE FORM



TAPERING FORM



OVOID FORM



TRUBY
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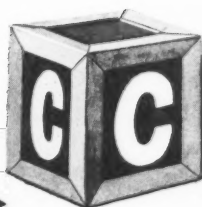
It is th
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TRUBYTE New Hue Teeth are classified to conform to the fundamental requirements — as seen in the most attractive natural dentitions — for establishing face and tooth-form harmony.

For easy selection, Trubyte New Hue Teeth are grouped in three classes, Square, Tapering, Ovoid, to conform to Nature's three basic types — each class is divided into different forms like the forms most frequently seen in natural teeth. These forms show differences in severity of type and in proportions.

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It is this combination of anatomically correct forms and scientifically graduated sizes that simplifies tooth selection for the denture distinctive.

TRUBYTE NEW HUE TEETH

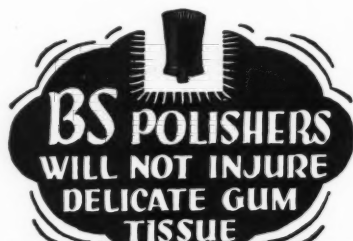
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enough to clean under free gum margin, without injury to delicate gum tissue, and short enough to be conveniently applied to tooth surface in any portion of the mouth.

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INCREASED PRODUCTION FACILITIES NOW ENABLE US TO FILL ORDERS FOR BS POLISHERS MORE PROMPTLY.



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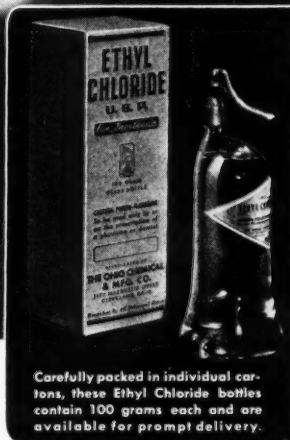


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NEW REDUCED PRICE
\$7.50 PER LB.

THIS GENEROUS SAVING, now passed on to you, is the result of the popular Nation-wide acceptance of GETZ-400 . . . plus the economy of our quadrupled manufacturing facilities in new and larger quarters.

Nothing but the price has been changed.

This is the same Perfection Denture Acrylic for which you paid \$12.00 per lb. . . still guaranteed to deliver the most perfect results in performance and economy of any material on the market today.

When you buy it (Clear, Mottled, or Fine) at this new low price, your purchase is protected by our money-back guarantee that GETZ-400

- | | |
|---------------------------------------|---|
| 1. Delivers up to 25% more dentures. | 4. Is positively free from porosity, pitting, and teeth checking. |
| 2. Saves up to 50% in time. | 5. Is easier to chisel and polish. |
| 3. Mixes perfectly in 3 to 5 minutes. | |

Order a trial pound through your dealer or write us direct.



THE WILLIAM GETZ COMPANY
175 N. MICHIGAN AVE. . . CHICAGO



FOR

New Sensation
Discover

Shorter
Simpler
Routine

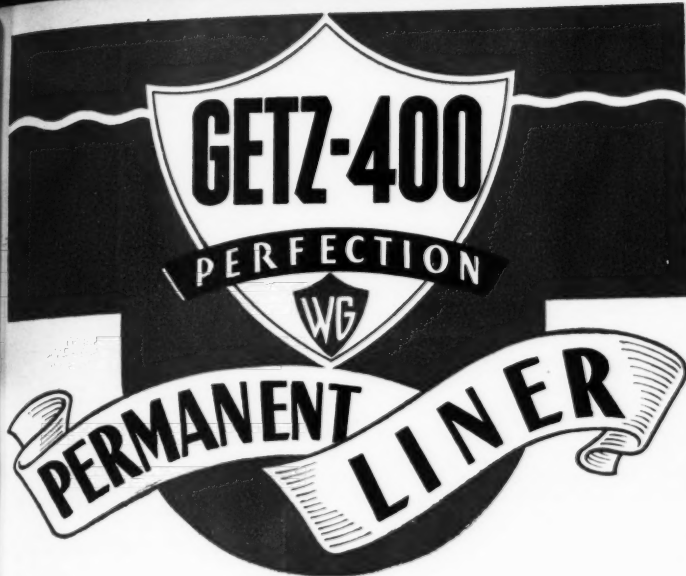
Lifetime
Permanent

Low Cost
for Profit

Prove it
Performance

For pro

THE
175



FOR FULL AND PARTIAL DENTURES

New Sensational Discovery

Perfect adaptation of dentures is no longer a problem. Getz laboratory and research chemists have produced, and now present, a liner that has been tested and proved for permanency, efficiency, and simplicity.

Shorter, Simpler Routine

Its application is so simplified that it requires only 3 to 5 minutes chair time and the patient may leave in 30 to 45 minutes with complete and final adaptation.

Lifetime Permanence

The permanence of this Liner is positively guaranteed. It fuses to, and actually becomes part of, the denture.

Low Cost for Profit

In both time and money, your cost is a negligible item. A bottle, usually enough for lining 20 dentures, is only \$8.00 . . . approximately 40c per liner.

Prove it by Performance

Your investment is fully protected. You are invited to use this Liner on four or five adaptations with the privilege of returning the unused portion for a refund of your full purchase price.

For profit and patient satisfaction, accept this offer today

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BUY

U.S. WAR BONDS

It Is A Patriotic
Privilege

Your money will be paid back with interest

Published by the Lavis Company in Cooperation
with the Drug, Cosmetics and Allied Industries.**CRATEX**
WHEELS AND POINTSThe World's Best Rubberized Abrasives for Fine
Grinding and Polishing.It costs but \$1.00 for a special 33 wheel and point assortment. MONEY BACK GUARANTEE if
aren't satisfied.

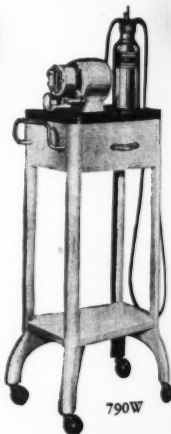
CRATEX MANUFACTURING COMPANY, 81 Natoma Street, San Francisco, California

CRATEX WHEELS AND POINTS, by actual
test, cut faster, polish better, and last longer.
Superior quality is guaranteed. CRATEX
WHEELS, for example, are available in six
types that are determined by the coarseness
or fineness of the abrasive grains used. Each
type serves a definite purpose.*For a faster, SAFER*
exodontic technique*

Providing effective suction for the operating field, the Gomco Aspirator thoroughly and continuously removes blood and saliva...eliminates bothersome sponging...insures faster and more accurate work. Where analgesia and anaesthesia are used, the Aspirator averts the danger of a patient's inspiring foreign particles into the lungs...The Aspirator is modern in design, easy to control, built for years of service. Descriptive literature on request.

- *MINIMIZES TRAUMATISM of the tissues by efficient removal of infected material.
- *PROVIDES THORO DRAINAGE throughout the mouth and throat, abscessed cavities, cysts, antra.
- *REMOVES TOOTH FRAGMENTS quickly and safely.

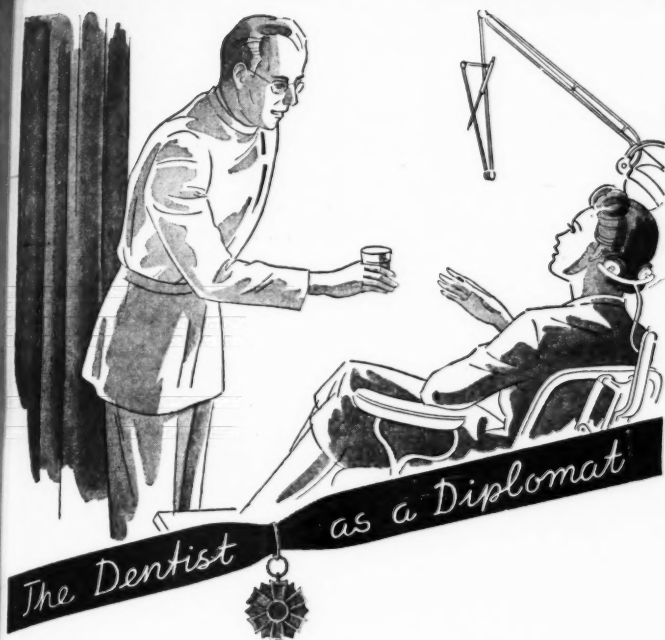
GOMCO SURGICAL MFG. CORP., 97 Ellicott Street, Buffalo, N. Y.

GOMCO ASPIRATOR

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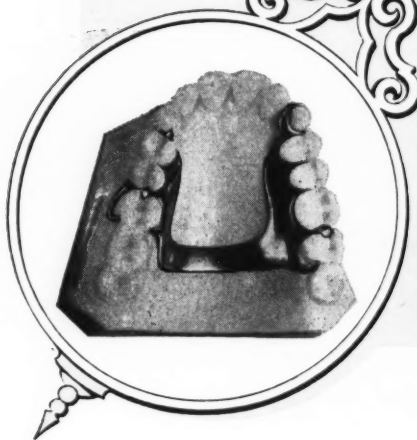
It's always easy to suggest the use of Vince to patients, especially if they first come to know it as a refreshing "in-the-chair" mouth rinse. And many dentists make a practice of using it in this manner . . . after extractions, cleaning, scaling, drilling and other procedures where debris must be removed.

But whether used in office treatment or suggested for home use, the satisfaction that patients are assured with Vince will leave a friendly feeling toward the product and the dentist recommending it. A many-sided oxygen antiseptic and detergent, Vince may be used as a therapeutic aid for office use, especially in the treatment of "trench mouth," or as a mouthwash, gargle or dentifrice under professional direction.

VINCE A trial supply will gladly be sent to dentists on request.

VINCE LABORATORIES, INC., 117 West 18th Street, New York City

TIME



IS THE
**CRITICAL
ELEMENT
OF TODAY!**

In matching your skill against the swing of the pendulum, the materials you use can help or hinder. That your choice of precious metal will save precious minutes and hours every day is a matter of simple analysis.

Dee Golds . . . scientifically charted in a type to meet your every need . . . are so facile that, all through preliminary and final adaptation, time and energy expended are all in your favor. Compare them as you will. You will find that any small difference in cost is far outweighed by the saving of time . . . **YOUR TIME**, which ranks almost as a priceless element today.

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DOCTOR

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The Professional Favorite
for over 30 years



WILSON'S

THE PERFECT "CO-RE-GA" ADHESIVE FOR DENTURES
(POWDERED)

TWIN FILLING AND PACKAGING MACHINES • CLEVELAND PLANT

Machine on the right fills and packages samples for the exclusive use of the Dental Profession { Minimum capacity 7,200,000
40 hour week—50 week year

During all the intricate production operations, milling, refining processing, packaging, CO-RE-GA is never touched by human hands.

Produced from the finest selected materials—edibly pure.

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THIS COUPON IS FOR YOUR EXCLUSIVE USE

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1132

If the War ended TODAY!



If you were to get the grand good news today that the war is won, what would be your plans for tomorrow? Most dentists today are hard pressed for time to take care of their increasing number of patients. The war's end is not likely to greatly alter this condition. It will be months and perhaps longer before any appreciable number of military dentists will be released for private practice. Appointment books will still be crowded.

In busy practices throughout the country McKesson nitrous oxide equipment is conserving the operator's time and energy. At the war's end — perhaps sooner — McKesson analgesia and anesthesia equipment will again be available for private practice. Plan now for the day when the war is won. Investigate the economic and operating advantages of McKesson pain control.

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it allows a
remaining
delay. This
in official
choice for

Complies v

In 5 oz. BO
5 ozs. \$1.
10 ozs. 1.
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In 1 oz. BO
1 oz. \$1.
5 ozs. 1.
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The Mini

REMAINS WORKABLY PLASTIC



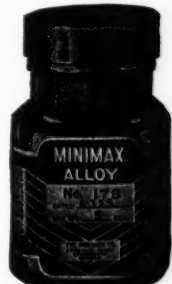
MINIMAX ALLOY NO. 178 is fabricated to produce long lasting, successful fillings with the procedures used in every day practice—with the technic you prefer. Minimax Alloy eliminates the necessity of rush work; it allows ample time for the important step of condensation, assures success by remaining workably plastic—yet sets rapidly enough to permit carving without delay. This definitely superior alloy complies with all specifications not only in official laboratory tests, but when you make the filling. It's the logical choice for pleasant and profitable practice.

Complies with A.D.A. Specifications No. 1. Filings suitable for alloy-mercury gauges.

- In 5 oz. BOTTLES
- 5 ozs.....\$1.50 per oz.
 - 10 ozs..... 1.40 per oz.
 - 20 ozs..... 1.35 per oz.
- In 1 oz. BOTTLES
- 1 oz.\$1.60
 - 5 ozs..... 1.55 per oz.
 - 10 ozs..... 1.45 per oz.

For best results mortars and pestles should be occasionally resurfaced. Over long periods they wear smooth...become inefficient. As a convenience Minimax provides FREE with every bottle a handy envelope of Abrasive Resurfacing Powder.

Prices subject to change without notice.



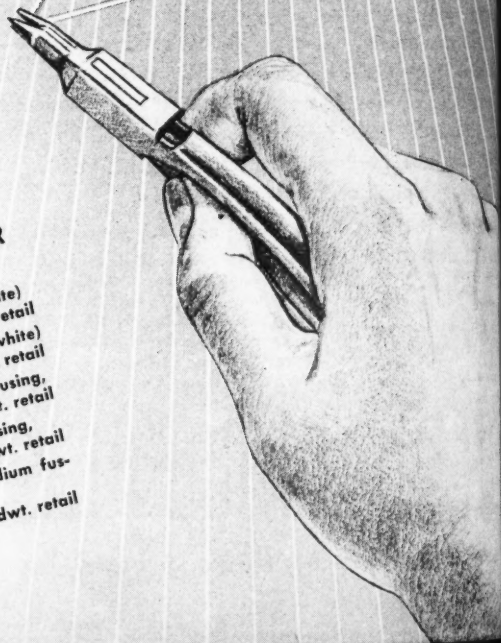
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The Minimax Company, Medica. & Dental Arts Bldg, Chicago, Ill.

Fine clasp wires...

OTHER POPULAR ADERER WIRES

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3.15 dwt. retail
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ing, yellow)
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This is interesting...

Aderer's #16 Clasp Wire is standard with most prosthetists for all acrylic or vulcanite partials. It has a fusing point that allows the use of all gold solders of popular fineness. It is available in either a rich gold color or in a pronounced platinum color.

You couldn't choose a wire with a more ideal combination of resiliency and strength — with easier workability. Yet #16 Clasp Wire is very moderately priced, in both its gold or platinum color.... Supplied in all popular gauges, in both round and half-round — also in lingual and palatal bar material. Retail price (1.97 gold 2.10 white).

ADERER GOLDS

Julius Aderer, Inc., New York • Chicago



45TH SEASON

Open Thru Labor Day
Retain Your Fifth
Freedom
Freedom of Leisure
Keeping fit for essential
war activities.

Dance
NIGHTLY TO FAMOUS
RADIO BANDS

Rest . . . Relaxation . . . Recreation. Hotel Breakers . . . 1,000 outside rooms. Enjoy swimming at the world's finest beach . . . seven miles long.

Endless fun . . . golf, riding, tennis, boating, fishing and all other indoor and outdoor sports. Up-to-the-minute attractions on the Circle Midway.

Dance nightly and on Sunday afternoon at the Grand Ballroom to America's best name bands . . . a new band each Friday. Spacious and cool picnic grounds . . . promenades under the willow and cedar trees . . . comfortable seats . . . everything for convenience and comfort of hotel guests, vacationists, week-end visitors and daily picnickers.

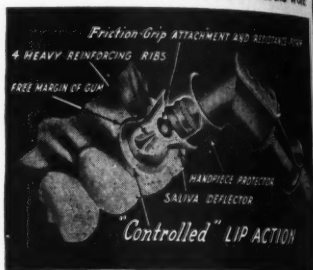
Cedar Point is reached by rail, bus and steamer routes, as well as U. S. Route 6 and Ohio Route 2 . . . plan your vacation from midweek to midweek.

Give your war nerves a rest by vacationing at

CEDAR POINT—ON—LAKE ERIE
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CONTROLLED LIP-ACTION

Without Collapse of Cup—The Lip Does the Work



Complete Handpiece Protection

PERFECTION
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—UNSURPASSED—

"BUILD YOUR PRACTICE
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Get an economical package from your salesman TODAY or, send for FREE Sample Unit
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ETHYL CHLORIDE U. S. P.



Literature on request. Ask your dealer.

Preferred by the profession since 1902. Now supplied in sturdy, dispensable bottle with automatic closure in two fl. oz. (54 gm) 3 fl. oz. (81 gm) and 4 fl. oz. (108 gm) sizes. Choice of fine, medium or coarse spray. The amber glass bottle is actinic ray resisting thus Gebauer's Ethyl Chloride is guaranteed to retain its purity indefinitely. Also supplied in the well known metal tube container with regulating valve in 40 gm. and 100 gm. sizes.

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The Patented Ap...
each tube, inst...
amount of V-E-M...
Practice Manual...
Oil of eucalyptus...
in each ov. ounce...
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"it's a
Gran

● Ideal
er's me
cleansing
tion.
● Extra
fingers ou
● Cu-L
texture o
longer.

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Your nar
this pers
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with pri
dispensat
ple brush

There's a lot of comfort in a tube of V-E-M

Now, when it is so necessary for everyone to be most efficient in his daily work, the practice of nasal hygiene with V-E-M makes proper breathing easy and adds to one's comfort whatever his task may be.

V-E-M can always be recommended as a pleasant relief for the stuffy noses of simple head colds and for other annoying nasal conditions often caused by quick changes in tempera-

ture, inhaled dust, soot, pollen, fumes and air-borne droplets in crowded places. V-E-M soothes and lubricates the accessible nasal membranes, depositing a partially protective film; it quickly clears the nasal passages of temporary congestion; it relieves the tickling sensation of hay fever; it sweetens the exhalation of breath through the nose; it softens crusty accumulations; in short:—

V-E-M

MAKES THE NOSE FEEL COMFORTABLE

The Patented Applicator, included with each tube, instantly places a measured amount of V-E-M high up in the nose. Practice Nasal Hygiene with V-E-M. Oil of eucalyptus $\frac{5}{8}$ gr., menthol $1\frac{1}{2}$ gr. in each av. ounce.

Used by Physicians for 27 years

SCHOONMAKER LABORATORIES, INC.
Caldwell, N. J.

Please send Professional Sample V-E-M

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Q-T-N-O
QUALITY

Model-D

"it's a

Grand Tooth Brush"

- Ideal in design for the Charter's method of interdental cleansing and for gum stimulation.
- Extra long handle keeps the fingers out of the mouth.
- Cu-Lon* bristle. One stiff texture only. Holds its shape longer.

Use coupon today

Your name stamped in gold on this personal sample. Get full details of this remarkable brush with price quotations for office dispensation. (Send 20c for sample brush to cover mailing cost).

*(Trade name)

THE CUTINO COMPANY, 807 Wyandotte St.
Kansas City, Missouri

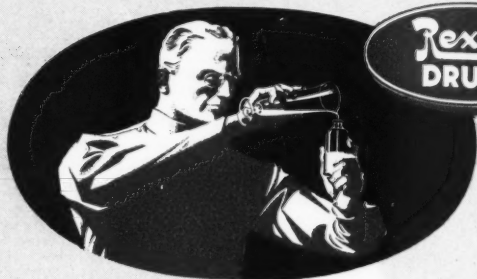
For enclosed—cents, please send—Q-T-N-O
Model D Brushes—row. (No more than 2 at
20-cent price each.)
(Specify 2 Row, 3 Row, Junior Childs)
Please also send data and price list.

Dr.

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UNITED DRUG COMPANY and YOUR REXALL DRUGGIST
YOUR PARTNERS IN HEALTH SERVICE



U. D. Products
 are available
 wherever you
 see this sign.

DENTUREX — affords protection in use — safety in care — of artificial dentures

Patients of yours will appreciate your recommendation of Denturex—the *self-acting dental plate cleaner*—in the cleansing of their artificial dentures. For Denturex cleans dental plates, removable bridges, and dental appliances *without brushing*. It restores the original matching shade of artificial teeth, kills germs, and helps insure a sweet, clean breath.

With the Denturex solution, a few minutes' immersion restores original brightness by removing mucin and underlying discolorations that will not yield to soap and water. Using Denturex removes the danger of brushing or scouring with gritty powders which tend to damage and wear away the fine indentations so necessary for proper suction.

Denturex—a product of the United Drug Company Department of Research and Control—utilizes ingredients scientifically combined to give a three-way purifying, deodorizing, antiseptic action, which cannot harm any materials (except aluminum) in the plate itself. Dentists everywhere find that Denturex gives their patients greater protection, comfort and satisfaction in the use of their dentures. Denturex is available at all Rexall Stores. For safety, convenience, and economy, use the facilities of your neighborhood Rexall Drug Store.



UNITED DRUG COMPANY

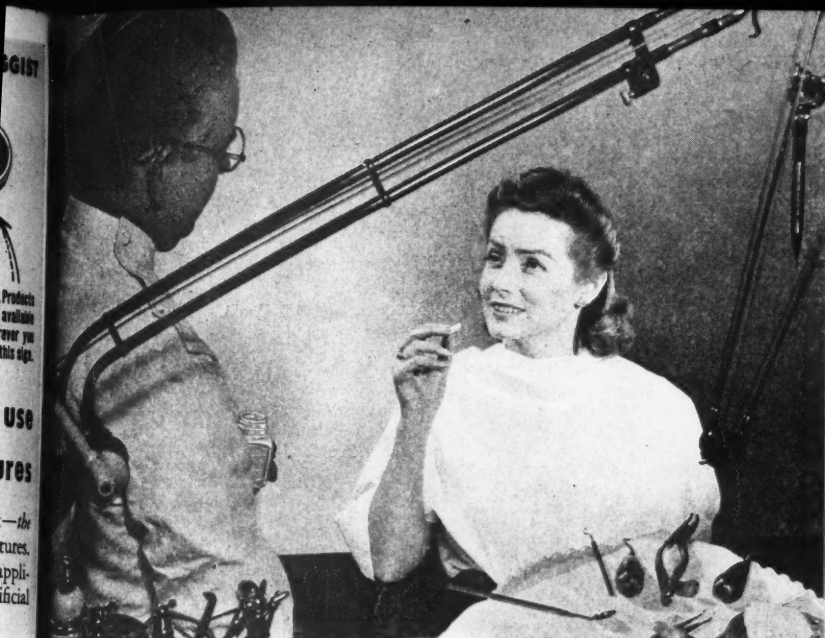
BOSTON • ST. LOUIS • CHICAGO • ATLANTA
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Pharmaceutical Chemists—Makers of tested-quality
 products for more than 40 years

The use of procedure.

It not only detergent a

supplies 3/4
 refinement
 Dillard's
 Laboratory



PATIENT COMFORT...

a Contribution to Successful Dentistry

The use of Dillard's Aspergum in dental practice is, of course, a well-established procedure.

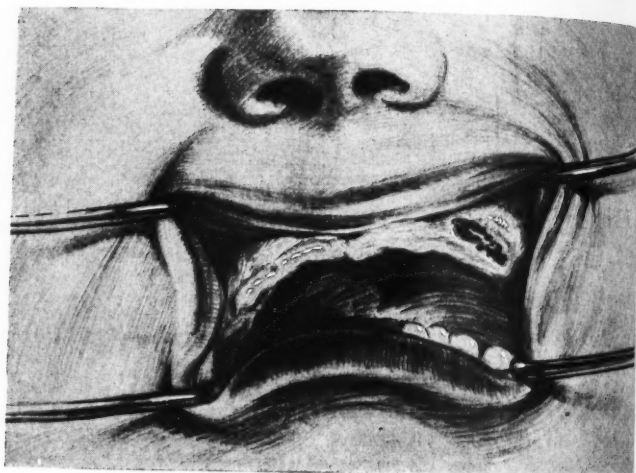
It not only affords relief of local pain or irritation, but also provides an oral detergent action by increasing salivary flow.

Dillard's Aspergum

supplies $3\frac{1}{2}$ grains of acetylsalicylic acid in a chewing gum base. A still further refinement in flavor assures ready acceptance by even those of finicky taste.

Dillard's Aspergum is ethically promoted, not advertised to the laity. White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

Dillard's Aspergum



FASET

Alkaline POW

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HYPERACIDITY IN THE DENTURE AREA

The oral mucous membranes beneath the denture are deprived of the normal salivary flow. Stagnation results—with consequent acid production from bacterial growth. These acid compounds are frequent sources of irritation to the tissues.

Fasteeth is buffered to maintain a mild alkalinity in contact with the tissues. Hyperacidity in the denture area cannot exist in the presence of Fasteeth's alkaline colloid.

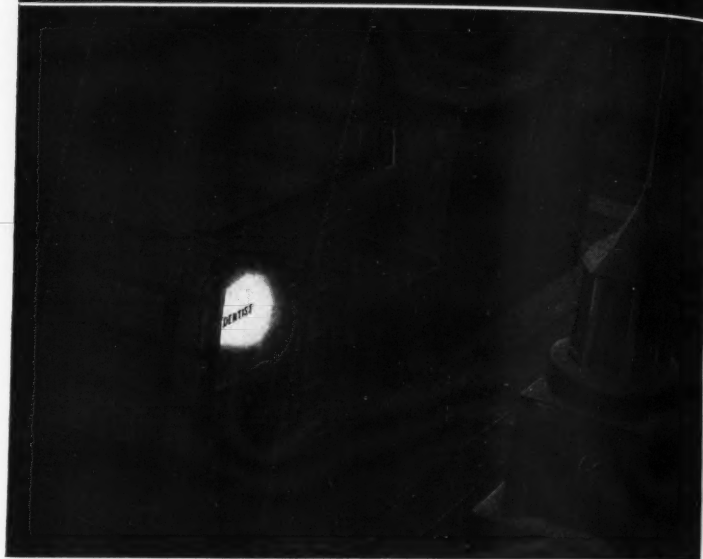
FASTEETH

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Alkalinity Helps

CLARK-CLEVELAND INC., BINGHAMTON, N. Y.

No absenteeism here



In July, 1940, America was still at dubious peace with the world. France had fallen; England was darkly threatened, and all over the world were felt the uneasy tremors of even worse events. The army was almost non-existent; and the people of the country, still hoping to avert war, were mostly unprepared when war struck.

In that same July of peacetime, the normal ratio of dentists to population was one for every 1835 persons. By the end of this year the civilian ratio will be one dentist to every 2500 persons. This means that, on the average, each civilian dentist will have the added responsibility of 665 persons!

Your increased practice has, of course, already given you good indication of this star-

ting change. And from all reports you are doing an exceptional job in keeping the nation in good dental health.

Those of you who own a G. E. Model CDX dental x-ray unit have more reason than ever to be grateful for its sturdy construction, its advanced design. No, we didn't know there would be a war; but it's not surprising to find the CDX carrying on easily under the war's strain of enlarged practices, for the CDX was built to standards which anticipate every emergency.

Today's Best Buy - U. S. War Bonds



**GENERAL ELECTRIC
X-RAY CORPORATION**

3013 JACKSON BLVD.

CHICAGO, ILL. U. S. A.

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S T

This outstanding complete steel design, with for toe room all standard 16" wide by cast bronze switch and metal door, cover.

Supply available conditions.

PRO

STRAIGHT HANDLE— 2 ROW

the ideal stimulating
and cleansing agent

Considering one type of brush only—and most of us agree patients will use only one type, it is a proven fact that the design of the Dr. Butler brush with straight firm handle and two rows of bristles, make it possible for the patient to cleanse every tooth surface conveniently and effectively.

DR. BUTLER

*Tooth
Brush*

Make your own comparison—send 40c for two adult brushes. Then compare with any other brushes on the market. See for yourself why the DR. BUTLER is so often called "the ideal stimulating and cleansing agent."

SEND IN THIS
COUPON TODAY!

JOHN O. BUTLER CO.
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OH 8-43

enclose 40c for two brushes. Send me—

(Do not send checks)
(Stamps or coin only)

☐ Medium Bleached ☐ SYNTHETIC
Hard Bleached ☐ Extra Hard Bleached

Dr.

Address.

City and State.

The REGENT CABINET STERILIZER

*Designed for Dentists
by PROMETHEUS*

This outstanding popular priced model, gives complete sterilizing facilities. It is modern in design, with rounded corners and recessed base for toe room, is finished in porcelain enamel in all standard colors, and occupies in space only 16" wide by 14" deep. Special features include cast bronze sterilizer with automatic control, switch and pilot light, silent-closing, dust tight metal door, and convenient foot-lift for raising cover.

Supply available for civilian use limited by war conditions.

Consult your dealer.

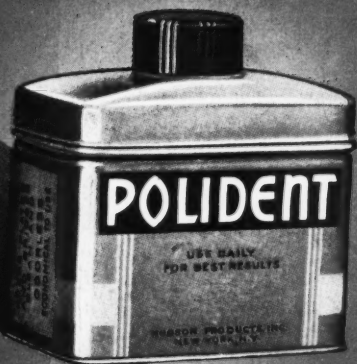


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ELECTRIC CORPORATION
401 West 13th St. New York 14, N. Y.

APPROVED AND ACCEPTED BY
THE INDUSTRY'S LEADERS

LUCITONE



**All approve POLIDENT for safe brush-
less cleansing of acrylic resin restorations**

To safely prevent mucin-film, stains, tarnish from deadening the beautiful lively color of Lucitone and other acrylic restorations, makers of these products approve daily use of Polident. Take their expert and considered advice. Your patients will delight in the easy way Polident cleans and polishes plates like new—*without brushing*—harmlessly dissolves away discoloration and odors.

FOR SAMPLES write Hudson Products Inc., 8 High Street, Jersey City, N. J.

**After being subjected to long-time tests, Polident won positive approval by this and other leading makers of denture materials; is one of the denture cleansers they accept and approve.*

Go
Cle

"I did ju
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and neve

To advise
a loyal fri

PL

"Play safe
advice to
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ways than
dangers of
dentures
thoroughly
places—ju

PO
The Safe

Good Advice on the Cleaning of Dentures



"I did just as my dentist told me, about cleaning my plate, and never had a bit of trouble."

To advise the use of Polident is to make a loyal friend of your denture patient.

—Should be given by the Dentist, as a part of his Denture Service

A patient feels definitely "let down" if she walks out of your office without your advice on how to keep her new dentures clean. If you don't tell her, she won't know—must rely on the contradictory and perhaps harmful advice of well-meaning friends.

On the other hand if *you* are the one who gave her the good advice that worked out successfully, she is constantly reminded of this important "follow through" service.

DANGERS OF BRUSHING

It is worth your time and effort to explain that the less she handles her dentures, the less the risk of dropping and breaking or chipping them—a constant peril when brushing methods are employed. It should also be explained that brushing with abrasive "make-shift" cleaners such as toothpastes, tooth-powders, soap and household cleansers may wear down the important "fitting ridges"—scratch the polished surfaces.

Play Safe . . . Use Polident

"Play safe—use Polident," is good advice to new and accustomed denture wearers—for which they will always thank you. Polident avoids the dangers of brushing, yet it cleans the dentures of daily accumulation thoroughly—even the hard-to-reach places—just by soaking in the solution.

POLIDENT

The Safe, Modern Way to Keep Dentures Clean

Write for free supply of samples.
Hudson Products Co., Inc., Dept. 1-H,
8 High Street, Jersey City, N. J.

APPROVED

Polident is approved by the leading makers of acrylic resin and other modern denture materials.

"I Heartily Recommend STIM-U-DENTS"

You No Doubt Have Heard Many Dentists So Acclaim Them.

If you have not personally experienced the merits of this product, it goes without saying that your patients are not benefiting by this pleasant home treatment and you are not benefiting by their aid in the prevention and treatment of pyorrhea and gingivitis. With thousands of dentists using and prescribing STIM-U-DENTS, do you not think this sufficient recommendation to interest you? The gum tissue seems to "glow with health" from their daily use. Patients are aroused to a new interest in their teeth, thereby promoting TOOTH CONSCIOUSNESS; they see their dentists more frequently. They acquaint their friends with STIM-U-DENTS. Ask for Sample, or

MAIL COUPON TODAY

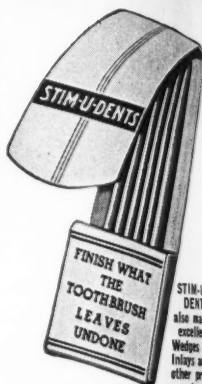
STIM-U-DENTS, Inc.

54 Alfred St., Detroit, 1 Mich.
Enclosed find \$1. Send me 100 Special Size Pocket Containers (Like Cut) designed exclusively for dentists.

Dr.

Street & No.

City State



STIM-U-DENTS also make excellent Wedges in Inlays and other procedures.

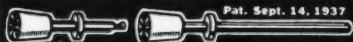
Keep Your Patients
Thinking of You.

Crescent WEBBED Polishers
Smooth
Fast



and POWERFUL

- ❁ Made of flexible, long-life rubber
- ❁ Permanently mounted; will not slip off
- ❁ Webs provide greater, more effective polishing surface
- ❁ Webs retain abrasive while in use



Pat. Sept. 14, 1937

CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO



Acryfoil
REGISTERED PATENT
MADE IN U.S.A.

BETTER THAN
TINFOIL
FOR PROCESSING
ACRYLIC DENTURES

Acryfoil greatly simplifies processing acrylic dentures. It gives dentures a hard, smooth, glossy, polished surface, saving much time usually spent in finishing and polishing. Leaves no wrinkles.

Non-inflammable. Contains no harmful solvents.

2 oz. Bottle.....\$1.00
8 oz. Bottle.....\$2.00

from Your Dealer or Direct

ROCKLAND DENTAL CO., Inc.
Laboratories - 143 W. 41st St., New York



BUY WAR
AND S



* With men in the Army, the Navy, the Marine Corps, and the Coast Guard, the favorite cigarette is Camel. (Based on actual sales records in Post Exchanges and Canteens.)



BUY WAR BONDS
AND STAMPS

SO EASY TO GIVE the wanted gift!

Cigarettes — the Gift that Rates with Service
Men...Camel — the Brand that Rates First...

It's the thought behind your gift that's important to men in the armed forces. Meaning that sending Camel Cigarettes is the really considerate way to express your generous impulse.

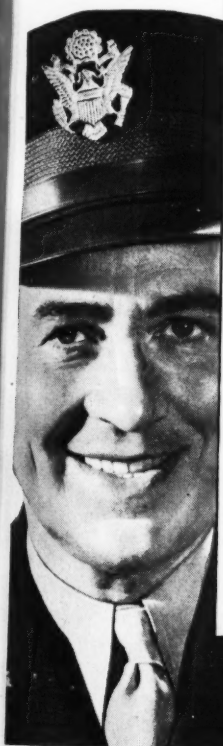
First, cigarettes are highly prized by fighting men. Second, Camel is the brand prized above all others* — for sheer mildness, cheering fragrance, delightful flavor.

Let a carton of Camels convey your hearty good-will to friend or relative in service. Your dealer features Camels in cartons. See or telephone him today.

New reprints available on cigarette research — Archives of Otolaryngology, February, 1943, pp. 169-173 — March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York 17, N. Y.

Camel

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STERODENT

ready mixed **CLEANSER** *saves time*

A product proven by over Seventeen Years of use by thousands of dentists.



Time is money! Conserve your time by using ready-mixed Sterodent Cleanser

OraClenz Coagulant Mouthwash

speeds up the cleaning technique

OraClenz Tablets are included free with Sterodent. Pleasant OraClenz mouth-wash strips teeth of mucine quickly, shortening the cleansing and polishing operation.

**STERILE
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**ORDER TODAY
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Save Time
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WITH TODAY'S greater demands on your time, here's how Urell Concentrated X-Ray Solutions can help in your radiographic processing:

They require only addition of water for instant use—you simply dilute and develop. * No powders to measure or mix... no heating or cooling to keep

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Put these labor saving quality Solutions to work in your dark-room today. Call—or write your regular supplier.

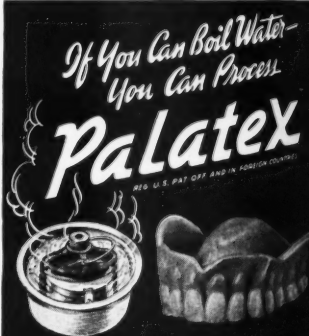
URELL CONCENTRATED LIQUID DEVELOPER
1 QUART CONCENTRATE \$.75
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The New, Improved Denture Acrylic

Simplified technic requires only a denture flask, bench press and boiling water. Yet Palatex dentures are unsurpassed in beauty and durability. No tinfoil needed. Meets A.D.A. Specification No. 12.

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Office Prophylaxis Home Prophylaxis with **CĒPACOL**

Brand of Alkaline Germicidal Solution

**DISTINCTIVE ADVANCE
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Based on the unique properties of a powerful non-mercurial germicide (a development of Merrell research), Cēpacol fits into your aseptic technic by providing:

RAPID GERMICIDAL ACTION —

By standard F.D.A. tests, Cēpacol destroys pathogenic bacteria common to the mouth and throat *within 15 seconds after contact.*

GREATER PENETRATION —

Unusually low surface tension permits penetration into otherwise inaccessible recesses of the mucosa.

FOAMING DETERGENCY —

When used as a spray or gargle, Cēpacol peptizes and helps clear away the mucous breeding ground for bacteria.

Most important, Cēpacol appeals to your patients because of its delightful, refreshing flavor. Available at prescription pharmacies in pints and gallons.

is prepared by the producers of DETOXOL brand TOOTH PASTE — TOOTH POWDER.



Trade Marks "Cēpacol"
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Two Favorite Emulsions in New Paper Packets

G-E Lightning, the fastest of all dental films, and *G-E Universal*, the first dental x-ray emulsion by this name—these are the two films which, in rubber packets, have long been the standard of comparison among dental films. Discriminating operators have been using them for more than 10 years.

Now these same two films are also available in popular-priced, saliva-resistant, gum-free paper packets. Thus the same fine diagnostic results are obtainable, though the cost is no more than with ordinary films.

Try Them Free!

With your first order, upon request, an extra 1½ dozen films will be sent in a special container—no extra cost. Use them—if not entirely satisfied, return the 1-gross carton to your

dealer, seal unbroken, and receive full credit. One trial package per customer.

Place your order early—today—with your dental dealer.

Note These Attractive Prices

Universal, Single, gross	\$3
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X-RAY CORPORATION

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A new flavor's come into my life!

That's what patients of all ages say when they try the new Kolynos Tooth Powder. Its flavor is different . . . delicious . . . leaves a fresh taste . . . does a thorough job of cleaning too! Have you tried the new Kolynos Powder, Doctor?

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**EASES
"BREAK-IN"
PERIOD**

DENTLOCK
DENTURE
POWDER



Primarily, Dentlock Denture Powder is a dental adhesive . . . and it does that job superbly well. It helps hold dentures in place with a long-lasting tenacity quite out of proportion to its gentleness.

But to wearers of new dentures, Dentlock has an added attraction . . . the way in which it cushions and soothes tender gum ridges and gives comfort throughout the difficult "break-in" period.

Your patients will appreciate your recommendation of this fine product.

DENTGLO *Brushless Cleanser*

**KEEPS PLATES CLEAN
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Dentglo Brushless Cleanser cleanses by immersion, with none of the scrubbing and abrasion that destroy denture fit. Helps keep dentures sanitary without effort or harm.

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Pelton men and women treasure the five words quoted above from our Army-Navy "E" award letter.

But even more thrilling to us is the amazingly low proportion of fatalities to casualties among our expeditionary forces. For we know that, at every front, on land and sea, Pelton Sterilizers, Pelton Operating Lights and Pelton Compressors are doing their full part toward this splendid life saving record.

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Sterilizers
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The Wonder Electric Mortar and Pestle places amalgam work on a scientific basis, eliminates much human error. *There's no need to mull, knead or spread on the palm unless you wish.* The amalgam comes from the Wig-l-Bug ready for the cavity. Only 7 to 10 seconds are required to triturate enough amalgam for an ordinary size filling. Think what this means in the saving of time and labor, in saving of alloy and mercury! For better, faster fillings use the Wig-l-Bug. Phone your dealer or write today.



Model No. 3A

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CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO

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This Handy Dispenser
Saves Material—
Eliminates Waste.



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A specially tempered stainless steel matrix metal. Strong and smooth in texture. 20 feet long.

Widths: 3/16", 1/4", 5/16", 3/8"
Gauges: 40 (.003"), 44 (.002")

20-ft. roll with dispenser.....\$1.25
MATRICODENT refill only..... .30

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Super-sensitive, clear marking, non-drying articulating paper. Tissue lined to prevent smudging fingers.

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Thin—36 ft. long Thick—25 ft. long

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45 ft. roll of celluloid; strong, smooth texture. Dispenser enables cutting to any size.

Ultra-thin—(.003") 3/8" and 1/2" wide

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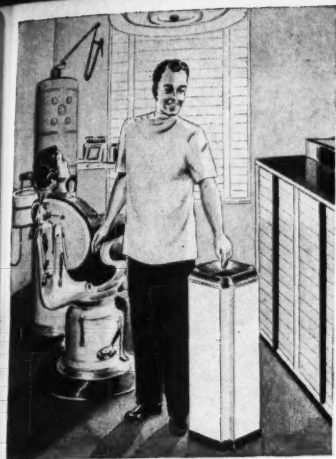
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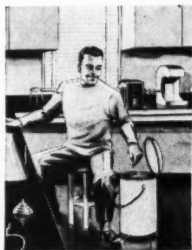
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Your waste receivers... in operating room, reception room, office, powder room and laboratory ... can be just as up-to-the-minute and attractive as your other equipment. Sanettes are designed with that desired professional appearance in mind.

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Available in open and closed top styles ... in all the popular dental finishes. Write for illustrated circular; include dealer's name.

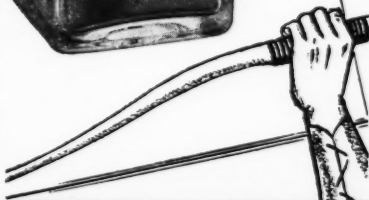


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CRESILVER
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It always retains its silvery-white lustre

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**EASY!****QUICK!****ACCURATE!**

Lang Elastic Impression Material

An elastic impression material for partials, full dentures, and indirect inlay work, that combines all the desirable characteristics of the finest hydrocolloid, plus: A simplified technique that saves time—Considerably greater patient comfort—With Lang Elastic Impression Material there is no boiling or heating, no water-cooled tray. You simply mix the powder with water and transfer to an impression tray. After three minutes in the mouth, you have an impression that is flexible, tough, and accurate in every detail.

Packaged in boxes of 12 units.

Each unit contains 70 c.c.'s of powder.

The price is \$4.00 per box.

OTHER *Lang* PRODUCTS

All certified to A. D. A.

White Beauty Alloy

Lang Dental Crown, Bridge and Inlay Cement

Lang Acrylic Denture Material

EASY—TIME-SAVING—ACCURATE

The procedure is simple and time-saving, requiring only about 5 minutes.

Its elasticity permits removal from deepest undercuts. Its toughness prevents cracks and breaks.

Pour model as soon as possible after impression is taken.

To ship to laboratory wrap impression in wet cotton and package in box as tight as possible.

Models of precision accuracy are obtained 48 hours or longer after impression taken, by following printed directions.

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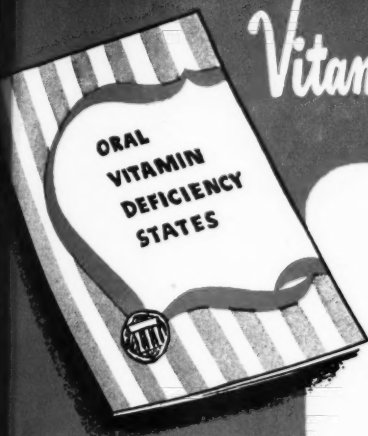
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... This New Authoritative Booklet Gives the Answers

THE constantly changing and expanding knowledge regarding the use of vitamins is causing more and more people to seek professional advice.

To save time for the busy dentist, E. R. Squibb & Sons have prepared a new authoritative booklet entitled, "Oral Vitamin Deficiency States." In this booklet the relation of vitamins to teeth, gums and mouth is discussed in the light of the more recent clinical studies of vitamin therapy in oral conditions.

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Attached hereto is my professional card or letterhead. Please send me, without obligation, a copy of "Oral Vitamin Deficiency States."

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"ORAL VITAMIN DEFICIENCY STATES"

Because:

It is authoritative . . .

Leaders in the fields of Nutrition and Dentistry were consulted in its preparation. There are over 50 references to published papers.

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In addition to discussing the usefulness of various vitamins there is a chart showing the manifestations of oral vitamin deficiencies and indications for vitamin therapy.

It is FREE . . .

All you have to do to secure a copy of this valuable booklet is to send in the coupon with your professional card or letterhead.

Right in your own chair— you may see these disfiguring CERVICAL GROOVES

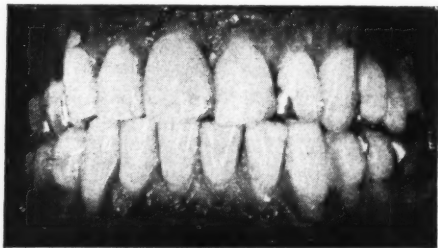
... caused by abrasives used in
leading toothpastes and powders



NEW TEEL TECHNIQUE CLEANS SAFELY ... avoids "grooving"

Ever notice, doctor ... how patients who take the *best care* of their teeth often suffer the deepest grooves of the type shown above?

These grooves are clean-cut notches in the dentin, polished smooth by brushing—readily distinguished from irregular acid erosions. They are caused, clinical and laboratory studies confirm, by brushing with abrasives—the abrasives used in popular



POPULAR TOOTHPASTES AND POWDERS DID THIS:

Here gingival recession is followed by deeply abraded cervical grooves and fillings. In clinical examination, over half of patients showed grooves from 0.1 m.m. to 1.5 m.m. As age advances, cervical exposure increases and abrasions multiply and deepen.

toothpastes and powders. These abrasives may gradually grind away dentin exposed by gingival recession, cutting the deepest grooves in teeth brushed most thoroughly.

8 IN 10 ADULTS RISKED GROOVES

The clinical and laboratory findings* may be summarized as follows:

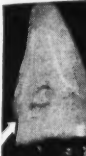
First, 58% of all adults examined had these grooves in softer calcified parts of teeth (exposed by receding gum)—cavities ground-in by abrasives contained in toothpastes and powders they regularly used. Second, the deepest ground-in cavities were found in teeth cleaned most thoroughly. Third, 8 in 10 had sufficient gingival recession to run this risk constantly.

TEEL, the modern liquid dentifrice, overcomes this injury to teeth—because TEEL is the *only* leading dentifrice that cleans *without abrasives*. (See chart

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After tests. Groo
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Provides daily
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PROCT

*Journal of Dental Research,
20 565-95, Dec. '48

below.) Moreover, TEEL is equal to other popular dentifrices in cleaning efficiency. Used daily in conjunction with the toothbrush, TEEL readily removes "materia alba," mucin plaques, and the usual surface discoloration.

**NEW TEEL
TECHNIQUE REMOVES
"STAIN," TOO**

The new TEEL Technique also overcomes a more difficult type of "stain" which accumulates on the teeth of some patients. Recent studies show that a tenacious, non-bacterial, discolored protein "skin" builds up on the tooth enamel of about one in five patients in



Tooth before brushing tests.



After tests. Grooved left side was brushed with toothpaste—unharmed right side with liquid TEEL.

the absence of abrasive action. In some persons it appears as a pale yellow "stain," and in others is even darker, sometimes slowly assuming a brownish cast.

While abrasives remove this staining "skin"—daily use of an abrasive dentifrice also may grind into exposed cementum and dentin.

The new TEEL Technique solves the problem. Patients brush twice daily with TEEL—and one extra minute a week with TEEL and plain baking soda.

This new technique provides minimum *weekly* abrasion—sufficient to remove the staining "skin"... and provides *daily* oral hygiene without any abrasion whatever.

Samples of TEEL will gladly be sent on request; also scientific studies upon which the New TEEL Technique is based. Address: DEPT. OF DENTAL RELATIONS, DIVISION 100, PROCTER & GAMBLE, Cincinnati (2), Ohio.

TESTS SHOW DAMAGE CAUSED BY TOOTHPASTES AND POWDERS

Under identical conditions, the same teeth were brushed with TEEL or plain water and—on the reverse surface—with toothpastes or powders. Each test was approximately equal to six years' brushing *in vivo*.

Toothpaste A		Depth of Abrasion (in hundredths of m.m.)	Toothpowder A		Depth of Abrasion (in hundredths of m.m.)
"	B	46.3	"	B	79.0
"	C	40.6	"	C	62.6
"	D	55.0	"	C	82.3
"	E	33.4	BRUSH AND WATER		0.5
"	F	18.5	BRUSH AND TEEL		0.0
"	G	32.5			
"	G	44.3			

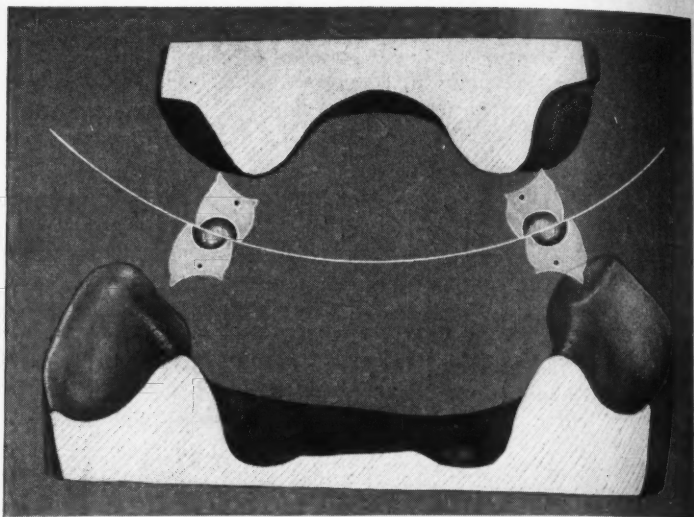
Above tests reported in *Jrnl. of Dental Research*,
20 583-95, Dec. '41; 21 335, June '42.

TEEL'S New Technique consists of—

1. Twice daily — Brush the teeth with TEEL; a few drops on dry or moist brush. Provides daily hygiene with no abrasion.
2. Weekly — Brush teeth for at least one extra minute with plain baking soda on brush moistened with TEEL. Necessary abrasive action each week to remove surface 'stain'.

PROCTER & GAMBLE, Cincinnati, Ohio





SCIENTIFICALLY CORRECT

ARTIFICIAL teeth in full dentures are set on a shifting base as compared to Nature's plan of anchoring each individual tooth in a cushioned bony socket. Therefore, we are scientifically correct when we eliminate the multiple inclined planes of the cusps and convert the occlusal line into one simple inclined plane. This is accomplished by using Hall Inverted Cusp Teeth. The complete elimination of cusps permits a crossbite set up with the buccal surfaces of the lowers well outside the buccal surfaces of the uppers.

This liberty of action, available through Hall Inverted Cusp Teeth, makes it possible to place each individual posterior tooth in a normal positional relationship to its ridge so that the lines of masticating force are directed to a point within the crest of the ridge. Thus dentures with Hall Teeth are highly efficient as well as comfortable.

4 Good Reasons!

1. Function without cuspal interference.
2. Advantages of the flat plane principle.
3. Masticating efficiency when and where most needed.
4. Protection for the underlying tissues.

These and other advantages in HALL Vitalux Teeth are now available in all molds to match the new shades. Priced \$1.20 for 1 x 8. (Regular Hall Teeth \$1.00 for 1 x 8.) Hall posteriors now come in shades 4-6-8-10-14. Ask your dealer for guide charts or write direct to Coe Laboratories, Inc., Chicago.

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. . . contributing to Human Service is not new to Burton, for it has always been our work to produce implements that were meant to help those who serve mankind.

. . . that which we do today, serving our country at war, will influence that which we shall do tomorrow for you.

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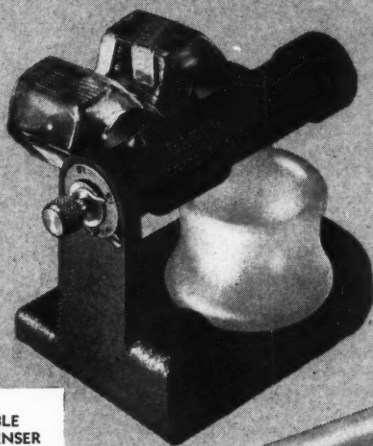
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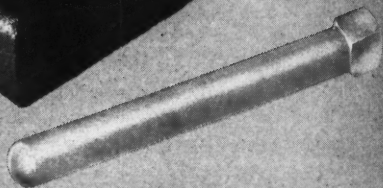
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In use, Aristaloy is no more expensive than ordinary alloy. Although the price per ounce is slightly above average (Aristaloy advantages involve many special manufacturing processes) actual cost of Aristaloy per simple filling is only 3c.

This seems paradoxical but it is a fact nevertheless. A special Baker Aristaloy Dispenser was developed to portion Aristaloy *without* waste. By regulating this instrument, Aristaloy and mercury are proportioned uniformly to suit your own technic.

The Baker Adjustable Dispenser complete with mortar, pestle and stand is supplied without charge when you purchase either the No. 1 or No. 1A Aristaloy Demonstration Package. If your own dealer does not have Aristaloy please let us know. We will arrange for him to supply you.

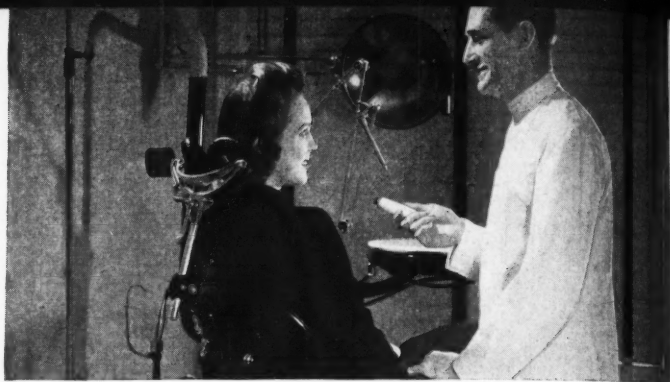
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BAKER

REET • NEWARK, N. J.



Advice in the Chair

ABOUT AFTER-CARE

Even today many patients need fundamental advice on the proper prophylactic care of their teeth. Moreover, they look to you, the dentist, for detailed instruction.

May we suggest that in association with your directions as to correct brushing technic you give consideration to this time-tested regimen:

- (1) Phillips' Milk of Magnesia Tooth Paste or Phillips' Milk of Magnesia Tooth Powder to be used morning and evening to clean the teeth efficiently and neutralize mouth acids on contact.
- (2) Phillips' Milk of Magnesia used twice daily as a mouth antacid to combat local acidity.

For more prolonged antacid effect—Phillips' Milk of Magnesia Tablets. Pleasant-tasting, mint-flavored; may be chewed slowly to give prolonged antacid action.



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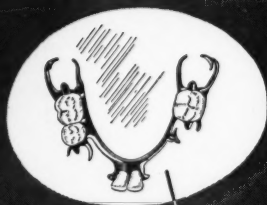
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Metals prized for personal adornment...gold, palladium and platinum...naturally are recognized and respected by patients.

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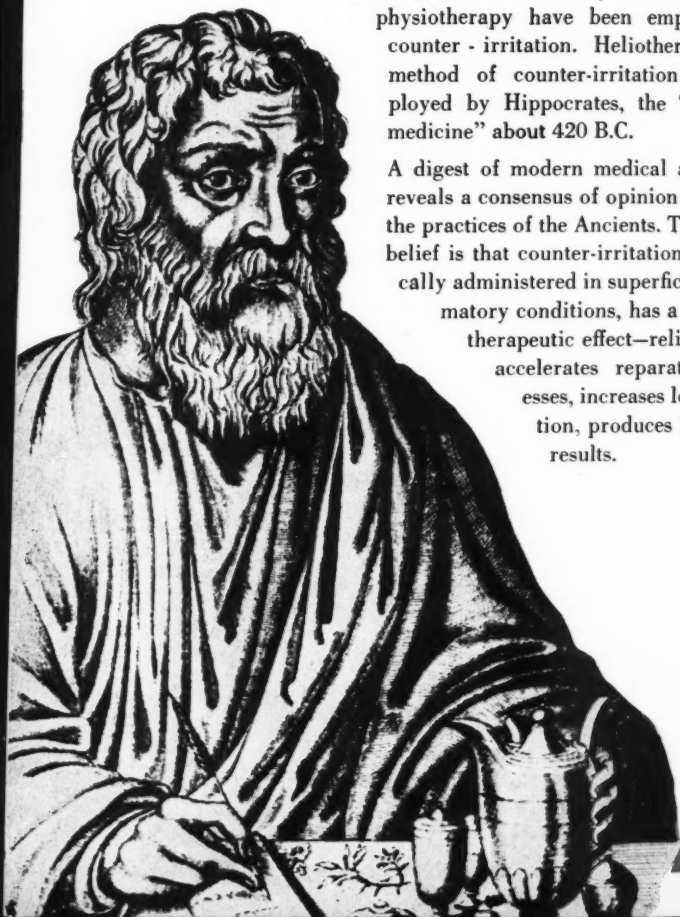
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Since the dawn of history various forms of physiotherapy have been employed for counter-irritation. Heliotherapy as a method of counter-irritation was employed by Hippocrates, the "father of medicine" about 420 B.C.

A digest of modern medical authorities reveals a consensus of opinion endorsing the practices of the Ancients. The general belief is that counter-irritation, scientifically administered in superficial inflammatory conditions, has a beneficial therapeutic effect—relieves pain, accelerates reparative processes, increases local nutrition, produces better end results.



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Abscess and
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Post-operative
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Modern as Poloris



Counter-Irritation For the Relief of Pain

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There are many modern applications of the an-
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counter-irritant. The effect of Poloris Poultice
may be focused precisely on the painful area, for
quick pain relief. Because of its *local* action and
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preferred by many dentists to the *systemic* treat-
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WHO'S WHO AND WHERE

Although we aim for accuracy in this index, last minute changes often alter page numbers and positions.

Abbott Laboratories1133
Ackerman Dental Mfg. Co.1120
Aderer, Inc., Julius1154-5
American Chic Co. (Dentyne Gum) 1125
Anacin CompanyInsert
Angelica Jacket Company1136

Baker & Company, Inc.1180-1
Baldor Electric Co.1140
Bayer Company1141
Bristol-Myers Company1051, 1058, 4th cover
Buffalo Dental Mfg. Co.1191
Burton Manufacturing Co.1179
Butler Co., Dr. John O.1163

Camel Cigarettes1167
Campho-Phenique Co.1054
Castle Company, Wilnot1144
Caulk Company, L. D.1126
Cedar Point-on-Lake Erie1156
Chandler, H. M.1140
Chicago Wheel & Mfg. Co.1132
Church & Dwight Co., Inc.1137
Clark-Cleveland, Inc.1160-1
Cleveland Dental Mfg. Co.2nd cover
Coe Laboratories, Inc.1178
Columbus Dental Mfg. Co.1189
Cook-Waite Laboratories, Inc.1118-9
Co-Oral-Itte Dental Mfg. Co.1144
Corega Chemical Company1159
Craig Dental Products, Inc.1140
Cratex Manufacturing Co.1148
Crescent Dental Mfg. Co.1120, 1168, 1174, 1175
Curtis Pneumatic Machinery Co.1132
Cutino Company1157

Dee & Company, Thomas J.1150
Dental Absorbents Company1188
Dental Perfection Company1114-5
Denticator Company1156
Dentists' Supply Company, The1068-69, 1142-3
Dentlock and Dentglo1172
Dentyne Gum (American Chic Co.) 1125
Dewey School of Orthodontia1188
Drucker Company, August E.1063
DuPont de Nemours & Co., Inc.1108-9
(Plastics Dept.)

Eastman Kodak Company1129
Fink-Rosellve Co., Inc.1124
Fischer & Company, H. G.1132
Forhan Company1074
Fort Orange Chemical Co.1172

Gebauer Chemical Company1156
General Electric X-Ray Corp.1162, 1170
Getz Company, William1146-7
Glazbrook Bros.1186
Gold and Platinum Metals in
Dentistry1134-5
Gomco Surgical Mfg. Corp.1148

Hanau Engineering Co., Inc.1144
Hoffmann-La Roche, Inc.1062
Hudson Products, Inc.1164-5

Ideal Tooth, Inc.1110-11, 1138-9
International Nickel Co., Inc.1123-4

Jelenko & Co., Inc., J. F.1069
Justi & Son, Inc., H. D.1123-4

Kerr Dental Mfg. Co.1113, 1116, 1172
Kolynos Company1171
Konformax Laboratories, Inc.1069

Lang Dental Mfg. Co.1174
Lavoris Company1140

Martin Rubber Company, Inc.1122
Masel Company, Isaac1122
Master Metal Products, Inc.1170
McKesson Appliance Co.1133
McKesson & Robbins, Inc.1070-1
Merrell Company, Wm. S.1123
Minimax Company1123
Mizzy, Inc.1043-4
Moyer Company, J. Bird1111
Mullen Brothers1121

National Biscuit Company1060
Ney Company, J. M.1058-9
Novocol Chemical Mfg. Co., Inc.1072-3
Num Specialty Company1140

Ohio Chemical & Mfg. Co.1140

Parisien Chemical Co., Inc.1120
Pelton & Crane Company1120
Phillips Chemical Co., Chas. H.1120
Polident1144
Poloris Company1124
Proco-Sol Chemical Co., Inc.1176-7
Procter & Gamble1176-7
Prometheus Electric Corp.1120
Prophyllactic Brush Company1120
Pycopé, Inc.1069

Reliance Dental Mfg. Co.1110
Reynolds Tobacco Co., R. J.1110
Ritter Company, Inc.1110
Rockland Dental Co., Inc.1166, 1170
Rorer, Inc., William H.1110

Schoonmaker Laboratories, Inc.1110
Silvodont Company1110
Squibb & Sons, E. R.1170
Spyco Smelting & Refg. Co.3rd cover
Sterile Products Co., Inc.1110
Stim-U-Dents, Inc.1110

Union Broach Company, Inc.1110
United Drug Company1110
Universal Dental Company1069
Urell, Inc.1110

Vernon-Benshoff Company1138
Vince Laboratories, Inc.1110

Wernet Dental Mfg. Co.Insert
White Dental Mfg. Co., The S. S.1064-5

White Laboratories, Inc.1110
Williams Gold Refg. Company1110
Wilnot Castle Company1110

Young Dental Mfg. Co.1110

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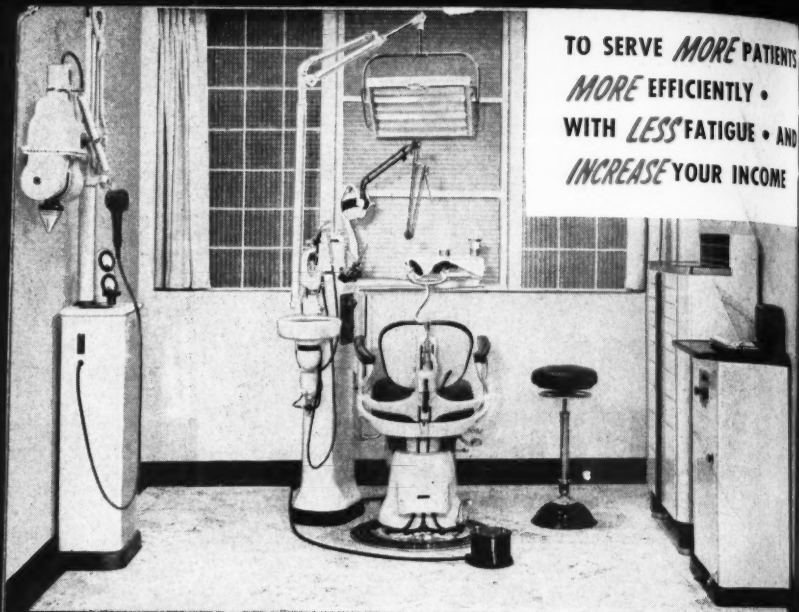
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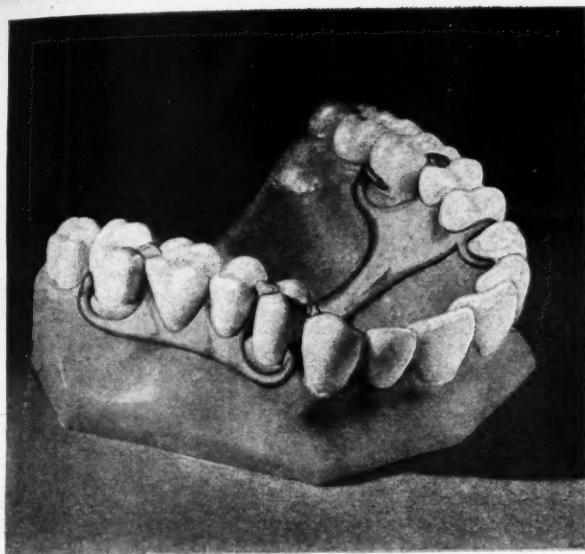
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